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ABSTRACT

Case studies of individual Parent-Child Centers are part of baseline data collected for the impact study of the Parent-Child Center (PCC) program. Seven centers, selected as representative of the national program, are examined. Case studies include descriptions of facilities, the ethnic characteristics of participants, the communities in which they are located, the number of hours children participate in the program, the demands placed on parents for participation, the number of professionals on the staff, stability of leadership, and staff turnover. Descriptions are based on site visits and interviewer's impressions and observations. (SET)

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CASE STUDIES OF THE SEVEN PARENT-CHILD CENTERS INCLUDED IN THE IMPACT STUDY:

ATLANTA, DETROIT, HARBOR CITY, MENOMONIE, MOUNT CARMEL, PASCO, AND ST. LOUIS

VOLUME I

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Prepared for
Office of Child Development
Department of Health, Education, & Welfare

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November, 1972

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INTRODUCTION

These case studies represent Volume I of a two volume report on baseline data collected for the impact study of the Parent-Child Center (PCC) program. The seven PCC's described were selected as representative of the national program. Parent interviews and child testing are being conducted at these Centers to determine program impact. But the question, "what program?" must be answered first. These case studies are intended to answer that question. Reading them, it should be clear that this evaluation is being conducted on programs which are tremendously diverse. All of the Centers have some elements in common, but their diversity is often more striking than their similarities. The Centers differ in terms of the ethnic characteristics of participants, the communities in which they are located, the number of hours any given child participates in program, the demands placed on parents for participation, the number of professionals on the staff, the stability of leadership, and staff turnover.

Since the intent of the case studies is descriptive and the purpose is only to answer the question, "what program?," evaluation of how well the seven programs function is not part of this report. Since objective data are being collected for the overall program evaluation, it would be both pre-

mature and inappropriate to make the case studies evaluative.

The case studies are based on site visits to the individual FCC's. They are descriptive and include interviewer impressions and observations on what was seen in order to give the reader a more vivid picture of how things look at the individual programs.

CASE STUDY

EDGEWOOD PARENT-CHILD CENTER

ATLANTA, GEORGIA

NOVEMBER, 1972

Principal Authors: Monica Holmes, Ph.D.
Douglas Holmes, Ph.D.

VITAL STATISTICS - November, 1972

PROGRAM

Program location:		Urban
Director:		Evelyn Brown
Site:		Edgewood PCC
Hours per child: *	Center:	four and one half hours; five days a week
	Outreach:	45 minutes; two days a week
Program age groupings:	Center:	1 year - 2 years 2 years - 3 years 3 years - 5 years
	Outreach:	0 - 1 years

FAMILIES

Total number of families:	42 PCC ** 10 4C's
Total number of children:	84
Ethnicity:	Black: 52
Number of intact families:	28
Number of families on welfare:	30

STAFF ***

Number of staff:	19
Number of professionals:	9
Number of parents on staff:	3

* Children are either in Center or in Outreach, but not both. Hence these hours refer to different children.

** All subsequent numbers are based on the total of 52 families.

*** Includes only full-time staff.

THE COMMUNITY

The Atlanta PCC is on the outskirts of Atlanta, in an area which borders Decatur, Georgia. By most direct route, the Center is approximately seven miles from downtown Atlanta.

From Atlanta to the Center, the route passes through a suburban area with attractive homes and gardens. Children are outside playing ball and jumping in piles of freshly raked leaves. While most dwellings are one-story one and two family houses, there are several middle and low income housing developments in the catchment area.

Edgewood, the PCC catchment area, is comprised of several city districts. The area is a rectangle approximately five by seven miles. All of the districts save one are over 90% black. The exception is characterized by a rapidly "changing" neighborhood, in which the balance is changing from approximately 50-50 to predominantly black. Approximately 20,000 people live within this area.

Unemployment in this area among males is approximately 40%, as reported by the Center Director. The major occupational categories in the area are industrial and domestic; catchment area residents are not adequately trained for the preponderance of industrial jobs.

FACILITIES

Currently, the Center is housed in two adjoining buildings, both of which may be likened to Southern "row houses." That is, they are one-story framed dwellings, each surrounded by a rather large yard. They are part of a row of such houses, all located directly across the road from a railroad repair yard. Proximity to the railroad has had its advantages. On the grounds of the PCC is a red caboose, donated by the railroad, which has been used as a PCC testing center in previous years. Although not currently in use, it is a favorite play site for the PCC children, as well as a distinctive community landmark.

One of the buildings is used solely for administrative purposes; the other is used for program. The administrative building has been attractively renovated. There is a formal secretarial and reception area, right across from the Director's office, and three other staff offices, a kitchen, and a lavatory. All are panelled, with hung ceilings and indirect lighting. These are well-used, well-designed, and well-cared for quarters. Although some overcrowding is evident, the atmosphere is one of business-like efficiency.

The building used for program is far more crowded and less adequate for its purposes. Approximately 60 children, together with necessary staff, as well as a large, regularly meeting parents group, are cramped into a small, totally inadequate facility. Related to the spacial inadequacy is the worn, tattered appearance of all: the walls, the furniture and the lavatories.

There are essentially four program rooms in this building. Two of these, separated by the long narrow central corridor, house the 20 children in the two and three year old program, and the 24 children in the three, four, and five-year-old program.

In these two areas, there is not adequate space to place a sufficient number of cots during naptime; therefore, two children are placed on each cot, head to toe. There is room for only one small set of shelves to hold toys; there is no room for tables to be set up on a permanent basis; there is no room for children to spread out on rugs; there is no room, above all, for the creation of functional areas, e.g., language arts, arts and crafts, science, library. The toys and materials displayed seem very limited both in breadth of selection and in quantity for such large groups of children.

Progressing toward the rear of the building, there is a miniscule kitchen, in which meals are prepared for all children, parents and staff. Across from the kitchen is a shabby lavatory, used by the children, without child-sized plumbing fixtures.

At the rear there is an adequately-large room, of relatively new cinder block construction, which houses the program for children 12 through 24 months. In this room are placed approximately 15 cribs as well as numerous small tables and chairs. Being of adequate size, shelves line the walls which are, themselves, fairly well stacked with appropriate materials.

PROGRAM COMPONENTS

Childhood Education

The in-center program is for children 1-5 inclusive. These children come to the Center from 9:30-2:00 five days a week. Approximately 10% of the mothers work and their children are served for an extended day which operates from 2:00-4:00. The PCC operates an additional program which is funded by Community Coordinated Child Care (4C's) of Atlanta. The 4C's program provides day care for 15 four and five-year-olds. As there is no Head Start program in this catchment area, the 4C's program enables the PCC to offer continuity to its participants.

There is an outreach program for children 0-12 months. These children are visited in their homes by the infant stimulators two times a week, for 30-45 minutes each visit. The purpose of the visits is to teach the mother how to work with her child. Currently, there are 22 children seen in outreach.

The in-center program has three groups: the 1-2 year olds, 2 and 3-year-olds, and 3, 4, and 5-year-olds. Each room is staffed by a lead teacher, an assistant teacher, and a parent. Parents participate in the program for two weeks at a time on a rotating basis, as part of their practicum in child development.

The 1-2-year-old room houses fourteen children. Two year olds were seen eagerly participating in story-telling activities.

Looking out through the windows of this room, a tattered, deserted-looking playground is visible. The few articles of equipment are rusty and worn, and the large unmowed area is strewn with trash and old buckets.

On the basement level, under the large room used by the one-year-old program, is the area used for parents. This seems to be an extremely busy area. Arts and craft materials made by the parents cover the walls of the room. Shelves, cupboards and piles of highly varied material abound. There are several sewing machines and sewing kits which belong to individual families.

The PCC is to move, within the month, into a much larger facility located in a neighborhood church. There can be little doubt that the children's program for those two and over will derive considerable benefit from the impending move.

PROGRAM OBJECTIVES

- To help families function independently and effectively.
- To promote cognitive intellectual development in children.

During a reading of "Goodnight Moon" several two-year-olds were pointing to and naming all the key items in the pictures. Their interest was sustained during the reading of a second book which involved different animals and what they say.

There is considerable emphasis on visual motor coordination and a number of children were seen doing puzzles which involved shapes and unit pieces of simple familiar objects.

Group activities which center around music and art work round out the social-cognitive component of the children's program. In addition, all PCC children have breakfast, lunch, snack, and a 1-1/2 hour nap. All meals are planned on a monthly basis by a Head Start Nutritionist.

The program for 2 and 3-year-olds, and for 3, 4, and 5-year-olds seems greatly limited by the space available. The 24 two and three-year-olds, and the 24 three, four, and five-year-olds are housed in genuinely cramped quarters. As there is not adequate space for different interest centers, activities are conducted on a group basis. For the majority of children, the two hours a day which are not spent in meals and naps are centered around group music, drawing, and story-telling. Lessons organized around different concepts, e.g., fruits, animals, community workers, are given by the teacher. The children participate actively and struck us as being highly sociable and vocal.

As a function of the lack of space, shelves with toys, books, and materials are not in evidence. Consequently, children are not able to go and get themselves a puzzle, a book, a lotto game, etc. This makes for a considerable amount of "dead" or waiting time: children wait for meals, wait for snacks, wait for cots to be set up, for cots to be put away, for the bus to take them home. During all this waiting time there simply is no opportunity for them to select an activity and work with it. The relatively large proportion of time spent waiting also leads to considerable restlessness on the part of the children. Children start to push, punch, and slide aimlessly on the floor to the visible annoyance of the staff. The staff demands that they stop and behave, but no substitute activity is offered because everyone is involved in waiting for the next group activity.

Parent Education

All parents whose children are in the in-center program and whose children are not in the 4C's day care program, are expected to come to the Center three days a week for 4-5 hours each day. Currently, of the 42 PCC mothers, 26 have children in the in-center program. These parents are expected to attend the Center and to participate in a vast array of activities. Parents who do not participate regularly are seen by the Family Service Coordinator in an effort to understand what is impeding participation. If non-participation continues, the family can

be terminated upon the decision of a committee comprised of parents and staff.

Atlanta Area Technical School offers a series of three consecutive courses at the PCC in child development. Each course represents 60 hours of work and the three courses take one year to complete. These courses enable mothers who have done well and shown interest and competence to be recommended for child care jobs at PCC or other programs. In addition, as part of the practicum in child development most mothers spend two weeks during the year in one of the three children's rooms. This is a paid activity, at the rate of $1.60 per hour.

In addition, the parents participate in a varied and well implemented program of activities. There is considerable emphasis on arts and crafts and on the making of all kinds of decorative objects for the home. Parents have made jewelry, waste baskets, pencil containers, medallions, and large illustrations for children's story-telling activities. Furniture refinishing, sewing, and knitting are also taught. Parents who wish to pursue an activity can come into the Center on the two non-structured optional days to work on their own projects.

Nutrition is pursued as a topic for several months of the year. Parents assist in cooking meals, exchange recipes, and make decorative pictorial displays and bulletin boards around the theme of the four basic food groups. Mothers have

breakfast and lunch at the PCC on the days during which they come.

Consumer education, budgeting, and home management are all part of an emphasis on family life education. Additional discussions are led by the Parent Educator around such issues as citizenship and civic responsibility, the role of women, and the Black heritage. Parents participate in discussions, go on field trips, and see educational films in all of these areas. Physical fitness exercises and discussions are also a part of the program.

Parents are expected to maintain their child in program for at least one year, but must continue their in-center activities as long as their child remains in PCC. Parents who start to work have their children referred to day care or to one of the 4C places within PCC. There is considerable emphasis on the mothers and on developing new activities for them. For instance, a typing course is about to be instituted for those mothers who want to develop their office skills and who are not interested in pursuing child care careers.

Social Services

At this PCC, this component is actually called family services. The bulk of the effort involves referrals to other agencies and service coordination. Families are often accompanied on initial visits and follow-up with families and agencies are a part of the program. Since there is no nurse, the family

service component is responsible for referral to medical resources, for maintaining records, and for ensuring immunizations, sickle cell anemia examinations, and check-ups of all PCC focal children. Trips to the dentist for yearly examinations and teeth cleaning are also part of family services.

Recruiting and interviewing of new families and visits to mothers who are not meeting their commitment to participate in program are also the responsibility of the family service staff.

Families are encouraged to participate in the commodities program. The staff assists families in the monthly pick up of food.

While some minimal counseling is done by PCC staff, most problems of this nature are referred to agencies which specialize in counseling services.

Health Services

As discussed earlier, needs in this area are met by the social service staff through referral to existing resources. Two doctors in the community provide back-up services for emergency care.

THE POLICY ADVISORY COUNCIL

There are 23 members on the Policy Advisory Council. Fourteen of these are PCC parents and the remainder are community

residents and professionals from within the Atlanta community. Atlanta University, local colleges, the Atlanta Public Schools, and two physicians are all represented on the PAC.

The Board hires the Director and makes recommendations to the Director with regard to staffing. The PAC assists in the planning of the budget, and makes recommendations regarding program. Actual program decisions are made by the Director.

According to the Director, the PAC has taken an active interest in, and responsibility for, the program. Attendance at meetings is reported to be consistently high.

STAFF

Director

During the life of this PCC, there has only been one Director prior to the present one. She has been with the PCC for approximately two years, has a Masters Degree in education of exceptional children, plus graduate training in administration. After working for over a decade in local public schools, she worked with the Atlanta Head Start program from its inception, prior to coming to the PCC.

Program Assistant

This individual has been with the PCC for the 1-1/2 years since this position was created. She worked with the local CAP agency from 1965 until the time she came to the PCC.

Family Service Coordinator

He holds a MS degree in social work and has been with the program for five months. Two previous Family Service Coordinators left the program due to pregnancy and retirement, respectively.

Administrative Secretary

She has been with the program for two months, holds a Bachelor's Degree in business administration. The previous Administrative Secretary left the PCC for a job which represented considerable advancement for her.

Curriculum and Data Coordinator

She holds a Master's Degree in psychology and education, and has been with the program since its inception.

Teachers

There are three "lead teachers," each of whom has a Bachelor's Degree. One has been with the program for two years; the other two have been with the program for one month and five months, respectively. The previous lead teachers left for reasons of: maternity, educational leave, and a better job, respectively.

Parent Educator

This individual holds a Bachelor's Degree in psychology, and has been with the program for two months. Her predecessor, who had been with the program since its inception, moved out of the area with her family.

Infant Stimulators

There are two Infant Stimulators; one has completed the Associate Arts Degree, and the other is close to completion of the degree. One is a PCC parent, the other is not. Both have been on the job for two years; the only preceding Stimulator left the position for a better job in the public school system.

Assistant Teachers

There are four Assistant Teachers, who have been with the program for two months, eight months, twelve months, and two years, respectively. While none of these individuals have formal degrees, they are actively seeking specialized training in the area of child development.

Social Service Assistant

A Social Service Assistant, who is a PCC parent, has been with the program for only one month. Her predecessor left the PCC to assume a "better job" in the local public school.

Cooks

The Cook and the Assistant Cook have been with the program for over a year.

Bus Drivers

There are two part-time bus drivers.

Janitor

There is one full-time janitor.

Turnover at this PCC can best be described as moderate in terms of the total number of people in each position over the four year life of the PCC. However, a high proportion of the staff is new within the last six months. Such new staff includes two Teachers, the Parent Educator, the Family Services Coordinator, two Assistants, and the Administrative Secretary. Thus, in each component of program the key staff is relatively new to PCC.

CASE STUDY

DETROIT PARENT-CHILD CENTER

DETROIT, MICHIGAN

NOVEMBER, 1972

Principal Author: Dorie Greenspan

VITAL STATISTICS - November, 1972

PROGRAM

Program location:	Urban
Director:	Frances Lawrence
Sites:	• Field Street • Belle School
Hours per child:	Infants: two hours; every two weeks 15 mo.-3 yrs: two and one half hours two days a week
Program age groupings:	0 - 6 months 6 months - 15 months 15 months - 2 years 2 years - 3 years

FAMILIES

Total number of families:	83
Total number of children:	104
Ethnicity:	Black: 82 Other Caucasian: 1
Number of intact families:	20
Number of families on welfare:	57

STAFF

Number of staff:	18 *
Number of professionals:	3
Number of parents on staff:	0

* This number includes the Social Worker who is at the Center two (2) days per week. In addition, there is a Child Development Consultant not included in this figure.

THE COMMUNITY

The catchment area of the Detroit PCC appears to be a strange mixture of poverty and affluence. The PCC operates within an approximate two square mile area, the borders of which give no indication of the poverty that lies within.

Driving through the catchment area one is constantly struck by the juxtaposition of rich and poor. In the center of the area is Indian Village, distinguished by its gas light street lamps and large, old mansions. Riding past the houses it is easy to conjure up images of formal dinner parties, ladies in gowns, and the clatter of silver and crystal. Turning the corner is like entering a different world. No longer are there mansions, the streets now seem cluttered and somewhat gray.

The majority of the houses are single and two-family dwellings. What apartment houses exist are, for the most part, no more than four or five stories. There are many abandoned, vandalized or burnt out houses. The Parent-Child Center Director, estimated that most abandoned houses were "235 homes." These are FHA-financed houses that are made available to persons with low incomes. The monthly mortgage payments are low; however, they are evidently not low enough to be easily affordable. Families have moved into these homes only to find that they cannot manage to maintain

them. Workmanship is reported to be shoddy and repairs are always needed. The payments, which seemed so reasonable at the time the family took the home, cannot now be met and so there is one more empty house on the block.

Turn the corner and cross the street one more time and the luxury, high-rise buildings of Jefferson Avenue appear. These apartments, one block out of the catchment area, face the Detroit River and the Canadian shoreline and are easily accessible to the marina.

The lack of recreational facilities is a community concern. Parks do exist, but they are inaccessible to children unaccompanied by adults and they are only accessible to adults by means of car or public transportation.

Of the present population 87.4% are Black. It has been reported that the white persons in the community are, for the most part, either young persons of interracial marriages or retirees.

THE FACILITIES

The program operates in two settings: the Field Center and the Belle Satellite Center.

Field Center, the larger of the two facilities, is a renovated twelve room, two story, brick house on a residential street.

The seven rooms on the second floor are, with one exception, administrative offices. There is the secretarial office, the Director's office, two rooms used by the Social Service team and Data Coordinator, a Nurse's office, a conference room and the Child Development Worker/Trainer's office. The Child Development Worker's office has two video-tape monitors that enable her to watch classroom activities while working on other matters.

Downstairs there are four children's rooms, a kitchen and a laundry.

Three of the children's rooms are connected by arch-ways. The rooms are decorated with wall paintings and pictures done by siblings of PCC children. Participating children's work was not visible at the time of visit.

Entering the first room there is a feeling of aliveness. Tables and chairs are no longer in straight rows, bookcases are in moderate disarray and toys are precariously placed on shelves, signs of children's activities. Everything looks rather well-used.

The connecting room has a full-length mirror, a slide-upon and a rocking horse. The space in this room is open and is often used as a free-play area, a space for children to run about and use large toys, such as wooden trucks.

Joined to this room is a smaller room with a large picture window facing the street. This is a darker, more cramped room, but the presence of a fireplace makes it appear more cozy than cluttered. There is a large table in the room that rather constricts movement. During a recent visit, this room was being used as a waiting room. Children are brought to and from the Center by taxicab, and, at the end of a session, children sit on the window seat in this room to await the cabs' arrivals.

There is also an infants' room on this floor, but it is not used as much as the other spaces. There are two decaled cribs with mobiles and a highchair in the room. Connected to this room is the children's lavatory and so the infants' room gets used by the children while they are waiting their turn to wash-up or brush their teeth.

The children's rooms, on the whole, were friendly and cheerful in appearance, although somewhat dark. Toys were plentiful, but books seemed to be scarce.

The last room on this floor is the kitchen. Meals are prepared here for both the Field Center and Belle Satellite.

There is also an outside yard for recreation.

The Satellite Center operates in a portable classroom of the Belle Public School. It is 822 square feet with lavatory facilities and shares the school's playground.

The room is an open, carpeted space with several tables and chairs. Again, there are toys, but few books. A large portion of the space is taken up by a wooden jungle gym. A bulletin board has been decorated for Halloween by the teachers. There was very little children's work in evidence.

PROGRAM OBJECTIVES

- To teach parents how to be better parents and how to stimulate their children.
- To offer an environment that is conducive to maximum growth and development of children. To increase children's sense of self-worth.
- That focal children will exhibit developmental gains that are greater than children who are not enrolled in the project.
- That the children who have been enrolled in PCC will show learning readiness when they reach school-age.
- That the PCC will be an advocacy agency for the good care of children.
- That the work with the parents of PCC will have a multiplying effect and that the parents will teach their neighbors, who are not members of PCC, how to become more competent parents.
- To assist parents in learning how to manipulate their environment and deal with social agencies so that families can be self-sustaining.

- That the PCC families will have less need for social crisis intervention and will have self-direction shown through their participation in community and civic affairs.
- To have public forums, information dissemination efforts, and to act as a training site for institutions.
- To furnish recreational outlets for participating families.
- To make sure that family members are healthy enough to work toward the above objectives.

PROGRAM COMPONENTS

Child Education

The Enrichment Program, as child education is termed at the Detroit PCC, is comprised of three components:

- Infants
- Class A - children 15 months to 24 months of age
- Class B - children 24 months to 36 months of age

Until recently, infants were seen in outreach only. A Child Development Worker/Trainer Consultant has just been hired and given the responsibility of implementing an in-center infant program. There are thirty infants enrolled in this conponent, and the Consultant has divided them into two groups: 0 to 6 months of age and 6 months to 15 months. Presently, the plan is to have mothers and infants come to the Center once every two weeks. The Consultant reports that only one mother and child attend each session. She has tried to increase mothers' attendence by showing films, but what now seems to be happening is that mothers attend films, but not sessions. She is working on new methods to increase participation and is also planning home visits.

Class A and Class B are in operation. Both classes are divided into two groups of fifteen children each, and every child is worked with in the Center twice a week in two and one-half hour sessions.

Sessions at this Center seem to be unstructured with an emphasis on the acquisition of social skills. A lesson plan is devised for each session, yet the impression one gets is that the children structure the session more than does the plan.

On a recent visit, during the first day of snow, eight children were in attendance. No parents were present. Children are picked up by an Enrichment Team member in a taxicab and brought to the Center. Upon arrival, children are greeted and checked for any health problems.

As children played with snap blocks, teachers chatted with them, asked questions, repeated words and helped them. Children seemed to speak more with one another than with the teachers. As they built towers with the blocks, children took blocks from one another's pile. In only one instance a child, new to the program, complained of this sharing. All in all, the children seemed to work together and be interested in each other.

The new boy, attending for only a few weeks, presented problems to both the children and the staff. Given the slightest provocation he screamed or cried; while engaged in an activity he d[illegible] in a loud voice; his attention span was short and when no longer interested in an activity he threw things and screamed. Both children and staff seemed to handle this child well. The children tried to

play with him and to give him new toys. Failing to interest him, they walked away rather than upset themselves. The teachers never once lost their patience, raised their voices, nor made the child feel uncomfortable. At times they were quite firm with the child, but never once did they embarrass him in front of his peers.

A full, hot lunch is served, in addition to a snack, during each session. Children wash before lunch, recite a short prayer, and then sit down to eat. Although children are reminded of their table manners during lunch, the meal is a time for socializing.

Two teachers conduct the sessions at the Belle Center. Meals, prepared at Field, are brought to Belle by one of the Cooks. The Cooks are considered part of the Enrichment Team and when the Cook brings a meal to Belle she remains at the Center and spends time playing with the children and helping the teachers.

Although Field also has two teachers per session, children are actually worked with by more adults. The Cooks are present and move about freely from kitchen to classroom, and the administrative personnel also spend some time during each session in the room with the children.

At the time of enrollment, each child is given the Denver Developmental Screening Test. He is then tested every six months. During the interim, special attention

is given to improving developmental deficits. The regular testing allows the staff to measure their effectiveness.

Last year, two children who were supposed to graduate from PCC to Head Start were held back. As a result of testing, PCC staff did not feel these children were developmentally on target and were of the opinion that it would be best for them to remain at the PCC.

In addition to measuring effectiveness through testing, the Detroit Parent-Child Center operates under a Management By Objectives (MBO) plan. The MBO plan spells out objectives and indicators of what conditions should exist if objectives are to be met. Reality-based performance objectives are designed by the persons responsible for each program operation and are based on past minimum, average and maximum experiences. These objectives are then compared with the actual situation. Thus, Enrichment Team members are able, as are other component members, to measure their efforts.

Workers will also be able to get a measure of their success from the terminating interview given to parents of graduating children. This questionnaire, designed by the Director, is meant to evaluate program impact. A battery of questionnaires have been administered, but the results have not as yet been analyzed.

Parent Education

The responsibilities of a parent whose child is in the PCC are as follows:

- Have child given the necessary health check-up and follow through on health needs
- Have the child ready for pick-up for sessions
- Be willing to try to be educated by the Parent-Child Center staff

The main vehicle for parent education is the six-week orientation course. These are sessions, held once a week, that give a general introduction to PCC, teach parenting skills, discuss health problems, nutrition and discipline and, through the use of outside resource persons, provide information on the workings of community agencies.

The total staff is present for the first meeting and attempts to touch on each topic. Subsequent sessions are attended by the professional staff, with resource persons and other staff members called in when appropriate.

PCC staff members follow up on all persons who do not attend sessions and door prizes are offered to "entice" parents to attend.

Once a parent completes the orientation course she is encouraged to participate in other Center activities, but nothing is mandatory.

Every PCC parent is considered an "unofficial" member of the Parents' Group. This group of about fifteen active members, plans parent activities and receives ongoing training by the professional staff and community resource personnel. The Parents' Group also makes the final selection of parent members of the Policy Advisory Council (PAC).

According to the Director , parent programs come into being when "they are identified as wanted by the parents." Last year there was a physical fitness class that was held at the local YMCA and utilized Y staff. This may or may not be active this year. There is now a sewing class and there had been a weight watchers group, now somewhat defunct. Should interest arise once again, sessions will be initiated.

Parent participation in children's sessions is encouraged, but not compulsory. There are a group of mothers who do participate with their children and there is also a small group of mothers who are listed as volunteers. These women are called into the Center to "substitute teach" when regular staff members are absent.

There are no PCC parents who are employed by the program. Should a mother wish to take a job at the Center, her child would have to drop out of the program. There is one teacher at the PCC whose grandchild is a participant, but she was hired prior to this regulation.

Social Service Component

At one time, the bulk of money and personnel of the Detroit Parent-Child Center were concentrated in the Social Service Component. At that time, there were eight persons working in this area, each carrying a caseload of about eight or nine clients.

Under this arrangement, Social Service Aides were providing a great deal of direct service. With small caseloads, Aides were visiting families at least once a week and were available to take families to appointments or shopping or even to babysit when necessary.

When the PCC staff underwent reorganization, the Social Service Component staff was decreased significantly. There are now three full-time workers: a Coordinator of Social Services and two Social Work Aides; and a part-time Social Worker, considered part of the professional staff.

With the cut back in Social Service personnel came an increase in the number of families carried by each worker. The two Aides carry caseloads of 31 and 37 families; the Coordinator has a caseload of 11 families. Whereas direct service was previously the modus operandi, workers now refer families to community agencies and give direct service only when referrals are not sufficient.

It is reported that both workers and clients have found it difficult to adjust to this new system. Families feel somewhat abandoned and workers miss the close relationship they formerly had with their clients. Aides are making efforts to show families that this system allows them more independence, but the transition is hard.

A Social Work Instructor at Wayne State University is the Consultant to this component. He works with the Social Service staff two days per week and trains workers in interviewing and counseling techniques, referral and follow-up procedures, needs assessment techniques, recordkeeping procedures, group dynamics, and the "sociological implications of low-income life styles." With his assistance, the component set up Quiet Talk Sessions.

The Quiet Talk Sessions were designed to involve those persons who never participated in Center activities or community affairs. These are basically "rap" sessions during which enrolled parents structure the discussion. The weekly talks have been ongoing since June and the Consultant found it interesting that these parents, normally so uninvolved, met for the first time and decided that what they most wanted to do was help other people. To date, there has been no follow-up to ascertain whether involvement in Quiet Talk leads to involvement in other Center activities, but the Coordinator reports that she feels participants are becoming more concerned with the community. Some participants have returned to school.

In addition to the talk sessions, Social Service staff is available to parents during the six-week orientation. During orientation, staff provides voter education and registration, information on budgeting skills and utilization of community resources, and individual counseling and referral.

Health

The Health Component of the Detroit Parent-Child Center is headed by a full-time staff member from the Visiting Nurses Association. The basic premise of the health component is "to teach parents how to use resources. To get them to do for themselves, with assistance when necessary."

Children entering the PCC are assessed for health needs by the Nurse. Referrals are routinely made for the following:

- dental care
- tuberculosis tests
- lead poisoning tests
- speech, hearing and vision screening
- immunization
- crisis care

The Nurse does a follow-up to the doctor each time a child is seen.

In terms of health care for parents, the Nurse screens each parent, makes necessary referrals and encourages parents to keep appointments. Individual letters are written to

doctors indicating each parent's health needs. In addition, The Nurse holds a pre-natal care group session and makes regular home visits to pregnant women.

The Nurse is an active participant in the orientation course and is the Coordinator of the Parent Group. She has recently initiated a Health Task Force, composed of PCC parents and community people. The purpose of the Task Force is to "uplift the health care in the community." Members of the Task Force distribute literature announcing when immunizations are given in the area, when mobile units are available, etc. One member is enrolled in a consumer health training course and it is hoped that others will soon do the same.

During a recent visit, the Nurse was telephoning parents to remind them of their appointments for lead poisoning tests for their children the following day. Transportation arrangements had already been made and at 6:00 a.m. the Nurse was preparing to make home visits to those parents who could not be reached by phone.

She will be leaving the Parent-Child Center in January as she is expecting a baby. A replacement for her will be provided by the Visiting Nurses Association.

THE POLICY ADVISORY COUNCIL

The Detroit PCC Policy Advisory Council is composed of 50% parent members, 25% community persons who are not participating parents and 25% representatives from relevant agencies. The grantee and delegate agencies, the Mayor's Committee for Human Resources Development (MCHRD) and the Detroit Public School System, are represented on the PAC. Parents are elected to the PAC by parents and agency representatives are submitted by the PCC Director to the Parents' Group for approval.

Parents who are not members of the PAC are invited to attend meetings, but are not permitted to vote. The Parent-Child Center provides transportation (taxis) and babysitting for all parents attending PAC meetings.

According to the Director , the PAC has strong leadership and was cooperatively involved with the staff in developing the goals stated in the PCC refunding proposal.

The PAC maintains standing committees in the following areas: personnel, recruitment, public relations, housing, career development and health. Two more committees centered around education and social service are planned. In addition, parent members of the PAC are used as volunteers in the classroom.

STAFF

Director

The present Director, the second one of this PCC, has held this position for approximately one year. Prior to this, she held a position with Wayne State University as Training Coordinator for the Neighborhood Service Program. She developed the curriculm now used by the Enrichment Team. The Director, who has an MA degree, previously taught business practices in high school.

Nurse

She has been with the Parent-Child Center for one year. Prior to this, she worked as a Visiting Nurse in New York City.

Child Development Worker/Trainer

This position has been vacant since the Director's promotion. A full-time Consultant with an MA in early childhood has been hired until such time as the position can be permanently filled.

Psychological Social Worker

An MSW and faculty member at Wayne State University supervises the social service staff two days per week. He has been on staff eight months replacing the Consultant who had worked with the program since its inception.

Teacher Aides-Enrichment Team

There are eight Teacher Aides, considered members of the Enrichment Team. This number, however, also includes the two Cooks. Most members of the Enrichment Team have been on staff for over three years and several had previously been part of the Social Service Component.

Social Service Component

The component is staffed by two Aides and one Coordinator. Two members have been on staff for over three years and one Aide is new to the program.

Driver/Cook/Teacher

One person fills this combination position. At present, the PCC uses taxicabs for all transportation needs. A van has been ordered and when delivered this employee will probably spend most of her time driving.

Maintenance

There is one Custodian on staff.

Clerical

The PCC employs one project Secretary and one Clerk-Typist.

Turnover at the Detroit PCC has been minimal. One Director left to take a staff position at a local college and one Social Work Aide left for a higher paying job.

Because of the PCC's affiliation with the Detroit Public Schools (DPS), any person hired by the PAC must be accepted as a Detroit Public School employee and is subject to DPS rules and regulations. This situation has its advantages and disadvantages.

With such an arrangement, should a person no longer be able to be employed by the PCC, the DPS would be responsible for finding a job in the school system for this person. In addition, DPS salary scales are, in many cases, higher than those for the Parent-Child Center and PCC employees are paid according to DPS guidelines.

A disadvantage of this situation is that the PAC is not entirely free to hire whomever they want. For example, The Child Development Worker Consultant cannot, at this time, be hired as a permanent employee because the DPS has five persons they consider qualified who do not have jobs. The rules are such that the PCC is supposed to interview and consider new employees from the DPS pool first if at all possible. The Director is however, working with DPS to develop a career ladder in order to coordinate positions that relate to both DPS and the PCC .

CASE STUDY

HARBOR CITY PARENT-CHILD CENTER

LOS ANGELES, CALIFORNIA

OCTOBER, 1972

Principal Author: Arlene Friedman

VITAL STATISTICS - October, 1972

PROGRAM

Program location:	Urban
Director:	Val Healy
Site:	Harbor City, California
Hours per child:	Two hours; once a week
Program age groupings:	6 months - 4 years (at six month intervals)

FAMILIES

Total number of families:	100	
Total number of children:	102	
Ethnicity:	Mexican:	40
	Black:	20
	Puerto Rican:	10
	Polynesian:	18
	White:	12
Number of intact families:	61	
Number of families on welfare:	59	

STAFF *

Number of staff:	16
Number of professionals:	3
Number of parents on staff:	0

* Includes only full-time staff.

THE COMMUNITY

Harbor City encompasses an area some twenty miles long by only several blocks wide which runs from the center of Los Angeles to the Pacific, thereby providing the city with a port on the sea. Harbor City is adjacent to the site of a large naval base and port which provides the community with some employment opportunities but primarily with poorly paid jobs which are filled by transients who live in the area while stationed at the base. When the Harbor City PCC was established, the community was fairly balanced between Blacks, Mexican-Americans, Caucasians, and a small community of Samoans. Recently this balance has shifted and the neighborhood is becoming predominantly Mexican-American.

The PCC is situated at the edge of a large public housing development. The "project" is considered to be a showplace, an example of the best of public housing. From a distance these garden apartments with their wide lawns seem almost charming. Close up however, they are shoddily constructed and inside they are small and dingy. The rest of the neighborhood is made up of private homes, dilapidated, motel-like apartments, and modest frame and stucco structures.

In the area near the Center there is no convenient shopping or services with the exception of one food market/general store. All other transactions require some sort of transportation and since public transportation is scarce and inconvenient, most

families, no matter how poor, have cars.

As a New Yorker, California poverty with its grass, trees, private homes, and private cars seems plush in comparison to the dense, gray decay of East Coast slums.

THE FACILITIES

The Parent-Child Center at Harbor City is a large, windowless structure with no sign visible from the street. The only clue as to its purpose from the outside is a small fenced-in playground area. Inside, past the receptionist's window is a large lounge area with a number of desks against the walls, and several dilapidated but comfortable couches and chairs. This is a general waiting area where mothers socialize and children dawdle. Against one wall is a large magazine rack with copies of US NEWS AND WORLD REPORTS. The bins below marked TOYS for children are empty except for a few old blocks. On the walls are a half dozen paintings done by the nursery school children.

The offices off this area shared by two or more of the professional and paraprofessional staff are full of pictures, posters, party favors, notes, cards, etc.

Against the back wall is a large conference room and kitchen with a movable partition that separates the two areas.

The nursery is the smallest of the three public areas - lounge, conference room, nursery. It is, despite its

lack of windows and its lack of space, warm and cheerful. There are numerous puzzles, sorting toys, a doll corner, a painting area, and a book corner. Seen empty of people it is a charming spot. In use, however, with as many as a dozen children, it is obviously crowded.

PROGRAM OBJECTIVES

- To improve parent-child relationships and make them a contructive and productive source of growth for both parent and child.
- To effect community change and encourage the community to prioritize change areas.

PROGRAM COMPONENTS

Childhood Education

At the present time there are eight different groups of children involved in the program. Each group consists of an average of twelve children and meets once a week for two hours. This year for the first time, mothers are expected to attend the nursery session with their child. The nursery is staffed by a single teacher/educator and one paraprofessional aide.

There are few toys which would be age-appropriate for infants and toddlers; most of the toys are similar to those used in

Head Start. Early infant stimulation and maximum physical contact for young infants are said to be part and parcel of this PCC's conceptual framework but are not practiced sufficiently.

Over the two week period that observations were conducted, the children, on the whole, were seen doing puzzles and sorting toys while the mothers seemed to passively watch. This seems to be the case because the teacher and her aide are busy with the children and there is no one left to articulate and label the goals, techniques, and concepts of what is being done as well as to comment on the emotional and social interactions.

Direct work with children simply does not have first priority at this Center. The Community Service Workers(CSW's) who represent the largest staff component at the PCC are uninvolved in the nursery program. They tend to resent being asked to work with the children and to resist being trained to do this. This lack of commitment doubtlessly is communicated to the parents involved in the Center. It is not surprising that recent attempts to get parents actively participating in the nursery with their children have been only minimally successful. The CSW's, who are in some way role models for the PCC mothers, show liti

warmth towards or involvement with the children who frequent the Center. Not infrequently they are authoritarian, restrictive, and punishing in situations where parents are watching and could easily learn by example. This is seen most clearly in the lounge area where children roam without supervision or even any available activities. When bored with sitting, these children tend to run about the lounge in an unstructured game of tag. The general response of parents and CSW's alike is to remain where they are and scream at the children to stop. No successful attempt is made to make this waiting time in Center educational, productive, or even just fun. No successful attempt is made by the workers to use this time to show parents how they might teach their children or keep them productively occupied.

Parent Education

Educational activities have a lower priority at this Center than social services. The two exceptions to this are the "English as a Second Language" program and the sewing class. Both classes are run by CSW's. The English class meets at night and is attended primarily by PCC fathers who hope that a better command of English will make them more employable. The program is run by a CSW who is bilingual in Spanish and English; recently some parents have been participating in order to learn or improve their Spanish. In addition, some basic math work is provided. The sewing class uses machines provided the Center and is very popular.

There are two additional courses provided by the Center but taught by non-staff members. A nutrition course given by the Medical Center is sparsely and sporadically attended. Parents sit in a semi-circle around the leader with seemingly little interest or enthusiasm. Mothers do swap recipes on a less formal basis but cooking and menu planning seem to be based on ethnic preference rather than concern for basic food groups or diversity. A consumer education course is also available but it does not meet at the Center and there seems to be little parent interest.

Home management, home repair, and budgeting help is provided by the CSW's on a one-to-one basis as part of their work. A major effect in this area has been to encourage parents to shop for basics in food and clothing at supermarkets and discount stores and discourage last minute shopping at local "general stores" which means buying at elevated prices and reduced selection.

Health education has also been taught primarily in an informal way by the CSW's. Family planning has become an important issue since families without a focal child are now terminated from PCC, but in general families are encouraged to limit the size of their families.

Career development and job counseling are also handled in this informal manner. During the fathers' group, job opportunities are discussed and anyone knowing of employment openings at their

own place of work is encouraged to share this information with the group. In addition, whenever possible, the payable skills of the members of this group are utilized by the Center and the Center staff. One man who was skilled at plastering was hired by the social worker who then was able to recommend him to friends. This man now has a business in home repair.

Social Services

This PCC is organized around the concept of social services. While in the majority of PCC's child education is the major component and social services play a secondary role, in this PCC the situation is reversed. The heart of the program rests with the CSW's, each of whom carries a particular load.

Each family is assigned to a CSW. This worker becomes the family's primary contact with the PCC. Everyone who is enrolled is supposed to receive a home visit at least once a month. The scheduling of these visits is left to the worker, with some help from her supervisor. Under this system some families are seen often and other families practically not at all. There is a tendency for the CSW's to visit those families with whom they are comfortable or friendly. In some instances the home visit becomes a substitute for helping the parent become involved in the Center. Within the group of CSW's there is wide variety as to the number and duration of home visits.

There is wide variation in terms of the purpose, content, and quality of these visits. In some cases the visit represents support and friendship; in other cases it involves social work services such as going with a family to school or to court; in still other cases it involves some form of parent education - home management advice and child rearing information. In general, visits seem to vary with the worker, the family, and the interaction. One worker sees her families almost exclusively during home visits and these families rarely use the Center; another worker's families are almost all actively involved in the Center, come regularly, and receive few, if any, home visits.

The one thing that home visits do not seem to stress is any reinforcement of the nursery program. Parents are encouraged to come to the Center but this is not a condition of membership. The purpose of the visits is not to work with the children or with the mothers around their children.

In terms of basic social services a great deal seems to have been done.

- Families are receiving public services for which they are eligible and entitled.
- Families are becoming more community concerned and community active.
- Families are beginning to join together to make demands for more and better municipal services.

- Families are getting assistance in coping with specific problems in housing, the courts, and the public schools.
- Families do get transportation to services.

The Community Social Workers employed, as a group, seem well prepared to handle basic referrals to any agency providing ancillary services. However, now that the majority of families have been in the program for several years, the need for this sort of preliminary service is past and second order problems in family relationships and child rearing are becoming more apparent.

The history of the transportation program at this PCC illustrates the decline in importance of the basic social services over the past four years. Originally, a major program element was the provision of transportation to provide access to other areas for jobs and shopping. Two buses were seen as necessary and desirable. Now some four years later, the transportation has been reduced from the two planned buses to one bus which is utilized almost exclusively by a core of some half dozen families who have no access to private transportation. The rest of the families either have cars or have access to them via friends and relatives. Perhaps those families which rely on the PCC bus are those whose interpersonal skills seem to preclude an informal co-oping arrangement.

In dealing with the more serious family and interpersonal problems which are now emerging, the CSW's are inadequately trained. While willing and anxious to help, without additional knowledge and training, these workers can provide little more than the "over the

back fence" sort of advice and support. To date, only one or two of the CSW's have actively and consistently pursued advance training. It is therefore not surprising that none of the CSW's has moved on to another agency, as was originally anticipated in the plans of this PCC. It seems that good intentions and "speaking the same language" are important to provide and facilitate basic services, but training is critical when it comes to the working through of family and emotional difficulties.

There are two major therapeutic groups available to PCC families. A community psychiatrist from the local hospital runs a discussion group for mothers. These sessions seem to offer an opportunity for mothers to ventilate and share common problems about their children. In addition to decreasing the sense of isolation that many mothers feel in handling certain problems, there seems to be an attempt to explain that children's misbehavior is not motivated by spite, but rather reflects some real need within the child. For many mothers this seems to be a new concept and an extremely useful one. Only a small group of mothers are included in this group at any one time.

The second group is an evening group for fathers run by the male social worker one evening per week. The approach here is more in the style of recreational social group work than a group therapy approach: the fathers plan fishing trips, raffles, and joint ventures. While membership in this group is small, except when

movies are shown, this group has provided a real opportunity for leadership training and a growing sense of self-worth for its members. As the result of experiences which originated in this group a number of fathers have found jobs or better employment. One man who prided himself on his unemployment has become an active community leader and a paid paraprofessional in another program as an outgrowth of membership in the fathers' group.

Other therapeutic services are provided by the professional social worker who sees families in crisis, supervises the para-professionals and makes referrals to mental health agencies when intensive psychotherapy is required. This is the exception, however, and most cases are handled without resorting to more traditional long-term treatment.

Health Services

The strongest selling point of the Harbor City PCC and its most effective area of service is in providing medical care for the families involved in PCC. Close to the PCC is a medical group known as the Kaiser Permanenete Center. Kaiser enrolled families get complete medical coverage:pre-natal care, pediatric services, in-hospital procedures, routine check-ups, even eyeglasses, are provided by the Center. For families long consigned to clinic medicine the highly trained staff of specialists is a vast improvement in health care.

As an adjunct to the medical program PCC families are served by a separate dental group which also provides comprehensive service.

The most obvious and important result of this program is that PCC families are getting all of the appropriate medical services. It is unusual to find a PCC family in which children are not immunized or have serious dental problems, or mothers have not received regular pre-natal care.

This excellent medical service has the consequence that families are loathe to terminate with PCC since it means giving up these services. The CSW's see this service as the core of the PCC. Families are encouraged to join PCC, not in terms of what parents and children will learn in the nursery program, but in terms of the concrete medical service they will receive.

POLICY ADVISORY COUNCIL

The PAC consists of 13 family members, four community representatives, and eight alternates. The family members represent an appropriate ethnic mix and there are both fathers and mothers on the board. Community representatives included officials from the local elementary school, Park and Recreation Commission, Post Office, Police Department, and Housing Office.

This PAC is reported to exert real power and make major policy decisions regarding program direction. The PAC is particularly

supportive of community action efforts. For instance, a group of parents worked to convince the local public school to release teachers on certain afternoons so that they could go into the community to meet parents in the parents' own neighborhood rather than in the more forbidding atmosphere of the school. The program has been considered successful in reducing the sense of distance and hostility which traditionally exists between public school teachers and ghetto parents.

There seems to be a tendency on the part of the PAC to support and try to assist in establishing all meaningful services offered to the community. This sometimes leads to conflict between the need of the Harbor City PCC to meet its OCD commitments which are child centered, while at the same time implementing local goals which are adult and community centered.

STAFF

Director

The Director has been on the staff for nine months following the dismissal of the previous Director for mismanagement. He is the third person to hold this position. Prior to PCC he served as a college administrator.

Coordinator of Social Services

The Coordinator of Social Services has been on staff for three

years. He has a B.A., is bilingual, and has had experience in teaching at a Head Start Center.

Community Organizer/Volunteer Coordinator

This is the community leader who ran the Center during the interim between Directors. She was one of the moving forces in the community responsible for the original funding proposal. Her major job is maintaining communication with the community.

Parent Educator / Nursery Teacher

The Parent Educator who has been with the PCC virtually since its inception, has recently returned following six months maternity leave. Her job description calls upon her to be both Parent Educator and Nursery Teacher. She has an M.A. in vocational counseling

Teacher Aide

There is one Teacher Aide who has been working in the nursery for seven months. Prior to this time she was the seventh CSW.

Community Service Workers

There are six Community Service Workers who work as social work aides. Each has been with the program for over three years. These are women from the community who have been given training at the PCC.

They are not PCC parents, however.

Administrative Aide

The Administrative Aide is responsible for supervising teenage assistants who are assigned to the PCC from other agencies. This person also supervises the bus driver, the Secretary, and the Data Coordinator and provides ad hoc assistance to the Director.

Secretary

There is one full-time Secretary who is also indigenous to the community.

Data Coordinator

The Data Coordinator is in charge of data collection and coordination of records. He previously worked at the Center as part of a job training program. He now works full-time and takes college courses at night.

Driver

There is one bus driver who is also indigenous to the community but is not a PCC parent.

In general, the informal power structure of the Center rests with the CSW's. While officially all staff are responsible to the Director and the Director is responsible to the PAC, in actuality, the members of the PAC are in many cases closer to and more involved with the CSW's who are their neighbors. As a result, some decisions are predetermined or at least influenced by the CSW's and certain internal agency problems have been brought to the attention

of PAC members before they have gone through the appropriate channels.

There seems to be an atmosphere of close alliance between the CSW's and the PAC, with a tendency toward exclusion of the professional staff.

The Director comes into a Center which is still healing after the disruption and dissension which were the consequences of the dismissal of the previous Director. Given the situation, he has chosen to proceed slowly. His relationship with the staff and the parents tends to be quiet, friendly, but above all polite. This is in marked contrast to the rest of the staff which tends to banter good-naturedly, complain openly, and express hostilities in a readily observable way.

CASE STUDY

RURAL CONCEPT PARENT-CHILD CENTER

MENOMONIE, WISCONSIN

NOVEMBER, 1972

Principal Authors: Monica Holmes, Ph.D.
Douglas Holmes, Ph.D.

VITAL STATISTICS - November, 1972

PROGRAM

Program location:	Rural
Director:	John Erickson
Sites:	• Chippewa Falls Center, Chippewa County • Danbury Center, Burnett County • Dunn Center, Dunn County • La Follette Center, Polk County
Hours per child:	In-Center: three - four hours; two days a week Outreach: one hour per week *
Program age groupings:	0 - 2 years 2 - 4 years

FAMILIES

Total number of families:	69
Total number of children:	107
Ethnicity:	Other Caucasian: 45 Indian: 24
Number of intact families:	50
Number of families on welfare:	45

STAFF

Number of staff:	32 **
Number of professionals:	11
Number of parents on staff:	7

* Home visits are only practiced at two of the sites.

** Four Cooks are 3/4 time, four Parent Aides are 1/2 time, eight Childhood Education Aides are 3/4 time, four Childhood Education Aides are 1/2 time. Four of the 32 are VISTA staff assigned to PCC.

THE COMMUNITY

The Menomonie PCC consists of four Centers, in four different counties of the state, located as much as 100 miles apart. The population served differs as do local staff attitudes and community needs.

This is a sparsely-settled region. Towns are small, usually under 500 total population. The land itself is flat and rolling, punctuated by occasional hills and infrequent clumps of trees in the southern portion. Trees become more frequent in the north, clustered along roads which are bordered by groves of pines. The soil is not good for growing crops. As a result, although cornfields and grazing lands abound, attention has turned to turkey raising, both as a possible alternative source of agricultural support and as a way of enriching the soil.

The relationship between house and barn underscores the agricultural orientation of this region. Houses are small, at times ill-tended, and seem inadequate for the relatively large families they shelter. On the other hand, barns, silos, and corn cribs are enormous: they are well-kept, extensive, and dwarf the homes of their owners.

As a whole, the four-county region is suffering an agricultural decline. Each year several thousand farmers leave agricultural occupations, many leaving the region entirely. During

the last decade, the rate of "outgrowth" has reportedly decreased. In addition to agriculture, pre-eminent industries include food processing, plastics, leather, and woodworking.

Throughout the four-county region, unemployment stands at approximately 8% of the eligible work force. Two-fifths of all families report an annual income of under $5,000; over one-fifth report an income under $3,000. Related to this, over one-fifth of all families live in what has been characterized as "sub-standard" housing according to the local CAP Agency.

The four-county area includes a large Chippewa Indian reservation, so that Indians represent a substantial portion of the population. Among the Indians, unemployment, alcoholism, and serious aggressive acting out are reported to be grave problems.

THE FACILITIES

For the most part, space in the Centers is commodious. It is not basically luxurious; what had made the facility in each location so very hospitable and suitable is the imagination and industry of the staff. For example, in a rather confined L-shaped basement area in the Dunn location, infants are kept in "double-decker" cribs, built by the staff maintenance man. These cribs are not only well made, but adorned with decorations, individually varied home made mobiles and cut-outs. The non-sleeping area of the "L" has an enormous home-made animal which stretches out flat so children can

lie or sit down on it. There is also a mirror at floor level for the youngest babies, a swing hanging from the middle of the room, and a home-made highly decorated table. Even the very large busy-box type toy is home-made and very attractive and interesting. The kitchen, which parallels the sleeping area and is readily visible from it, is also highly decorated and attractive. Old appliances are covered with bright contact paper so that even the sink looks cheerful.

Areas for the children in the two sites which were visited are remarkably well planned and executed. Walls are decorated with collages, artwork, silhouettes, and posters prepared by children and/or parents. This holds not only for room walls but also for the low dividing walls used to separate one functional area from the other. For instance, at Dunn there was a really beautiful home-made display about different animals. Animal shapes were cut out of fur, simple facts were written about each animal, and the whole colorful display adorned the low eye level wall between the crafts and housekeeping areas. In another Center, the wall is covered with silhouettes around outlines made by projecting the children's pictures on the wall. An entire wall is covered with 12 pig silhouettes; one for each month. On each of these is entered the name and date of children whose birthdays occur in each of the months.

Mobiles hang low from the ceilings; home-made cushions are spread liberally across floors which are themselves covered by

rug remnants arranged in warm and colorful patterns. Toddler rooms are all organized into different areas. The craft areas have a rich assortment of papers, fabrics, sticks, etc. for collage work. Each such crafts area has a bookcase with twenty-four fitted plastic trays which hold all of these items in a well sorted and organized manner. Housekeeping corners are also well equipped not only with furniture, but also with myriads of dress-up items. Large muscle activity areas are equipped with home-made blocks, among other things. A language arts and reading area complete these rooms.

Facilities range from Dunn, an ex-two-room country school house, to Chippewa which has a total of eleven rooms on three floors. The Dunn facility is augmented by a trailer which houses the parent program. A trailer at La Follette Center houses the VISTA-staffed Dental Center. Most of the sites have commodious outdoor play areas with good and interesting equipment. The one site which does not have adequate playground facilities is adjacent to a public recreation area. Since the administrative staff of the overall program is housed in the CAP Agency, all available space is used for the actual program. The largest and most attractive rooms are used for children.

PROGRAM OBJECTIVES

- To make families aware of resources which exist in the community, and to give them the knowledge and self-confidence necessary for seeking out and receiving necessary services.

- To work with children in the sense of providing a warm, stimulating environment, and to work with parents as a means to providing a basic orientation to the problems and potential of child rearing.

- To promote relationships between participants and other community members, as a means to building a sense of self-worth as a member of the community.

PROGRAM COMPONENTS

Childhood Education

All children participate in the in-center program two times a week. The number of hours per visit ranges from 3-4, depending on the site. Currently, families at two of the sites are visited at home once per week for about one hour each visit. At a third Center it is anticipated that by December 1, the in-center program will also be supplemented by weekly home visits.

Children from 0-18 months are worked with within the nursery, children 2-4 are worked with in a separate area. Children from 18 months to 2 years are placed in either one or the other program depending on their developmental level and need.

- Infants

The infant program as observed appears to be a blend of an emphasis on structured, sequenced activities planned for each individual child and a great deal of holding, cuddling, affection, and physical contact behavior. Babies in the nursery sleep and eat according to their individual needs. Invariably, some are sleeping while others are up playing or being fed. Bottles seem always to be given while holding the baby in a rocking chair; breast feeding is encouraged.

All of the infants observed appeared to be enjoying themselves.

The quality of staff-baby interaction can be summarized through a description of the activities of one baby observed.

As Elizabeth, 6 months old, woke from her morning nap, the teacher aide was already there with a friendly greeting, "hi, princess." Diaper checking was accomplished, accompanied by considerable cooing, touching, and talking. Elizabeth smiled, wriggled, and tracked a mobile which swung above her. She was then set upon the floor in a sitting position with her back propped against an enormous flat stuffed animal. Thus, in case she fell over backwards, she would fall on the animal. The aide proceeded to play with and talk to her, popping beads for Elizabeth who enjoyed mouthing them when they were given to her. After a few minutes she was put on her stomach in front of a horizontally placed floor mirror. She laughed and cooed at the baby in the mirror with the aide and the Childhood Education Coordinator who joined them. The latter then took out a washcloth and put it over the baby's face so that a game of peek-a-boo began to develop. Next Elizabeth was placed on her back and some ankle strap rattles were attached to her feet. This caused her to kick and grab the rattles with considerable pleasure.

The sensitivity and responsiveness to individual children can best be characterized by the experiences of Winnie. Winnie is 23 months old and is clearly not as mature as other two year olds in the program. Observed in the older children's room, he was seen

to lie down on the floor with his thumb in his mouth. The Childhood Education Coordinator picked him up, covered him with a quilt, brought him downstairs to the nursery, and patiently and affectionately rocked him for about 25 minutes until he fell asleep. It was apparent that Winnie derived tremendous gratification from this cuddling and physical contact. No one showed impatience with his infantile needs and his inability to perform.

Notes are kept on each baby and each week objectives for each baby are spelled out along with activities to be carried out to meet the objectives. Earladeen Badger's equipment and curriculum are used as a stimulus for inventing new activities within a given category and as an informal diagnostic tool to help staff pinpoint age appropriate achievement and activities. Thus, for each baby there is an awareness of where he is, where he needs to be from a developmental viewpoint, and what needs to be done to help him get there. However, this emphasis on development is not at the expense of the child's need for physical care and emotional support. As one of the aides put it, "unless they trust you and are relaxed and happy, they can't learn anything." Not even for an instant was any adult seen to be impatient, restless, or disapproving with any child.

• Older Children

Older children have both a morning snack and lunch at the Center. At Centers where the program lasts until 2:00, the

children have a nap on individually placed cots; at Centers where the program ends at 12:30, the children do not nap.

Non-eating and non-nap time is divided between free playtime and structured group activities. During free playtime, children choose whatever they want and staff is available to help, to teach, to provide support. The spaciousness of the rooms at all Centers, the organization into different areas, and the rich variety of toys and materials provides opportunity for a great deal of constructive free play activity. Children in the housekeeping corner exchanged hats, played with the toy dishes in the sink, and "cooked" on the toy stove. In the large motor activities corner children climbed on the slide and played with blocks. In the book corner, adults read books to individual children and children did puzzles. In the crafts area, children cut out pictures from catalogues, pounded pegs.

Group activities included blowing paint through straws and making the snack. Toddlers took turns chopping cooked eggs in a bowl, mixed in the deviled egg sauce, and spread the mixture on their bread themselves. Children not only participated in the making of the snack, there was also a discussion centered around the colors of the egg and where eggs come from. Efforts were made to encourage all children to participate in group activities but there was no coercion. Children who do not wish to participate, play in another area of the room and are not censured for this.

Emphasis is placed in both the infant and older children program on feedback to, and communication with, mothers. One of the aides described how she has noticed that her efforts to describe to mothers just what the babies did and to share with mothers her written notes have been rewarded by increasingly detailed and perceptive reports given by the mothers on what the children have done at home. This same aide defined her job as work with children and encouragement of the mothers: "I want my moms to feel that they are the most important person in the world to their children."

Parent Education

Mothers are expected to participate in in-center activities on the two mornings that their children are at the Center. They visit in the classroom and there seems to be considerable child-related interaction between mothers and staff. However, they are not required to participate or volunteer in the classroom. The parents themselves have chosen not to do this because they feel they are with their children constantly under very isolated home-bound circumstances. Therefore, they cherish the opportunity to have adult discussions and adult conversations with each other and with the parent aide.

The emphasis in the program for parents is on child development, health, and nutrition. In addition, as each mother is a member of her local PAC, she has complete copies of PCC by-lines, national guidelines, and all rules and regulations pertaining to

PCC and early childhood programs. Parents are expected to play an active policy-making role and as such they spend considerable time and energy becoming and remaining knowledgeable about the program.

As part of the effort to educate the parents, there is a tremendous amount of literature available in the parent room of each Center; e.g., pamphlets on pre-natal care, on family planning, on lactation, on drug abuse, on vaccinations. Pamphlets are distributed and discussed by the Parent Aide and by the Family Life Coordinator at each Center. In addition, outside speakers and films are a regular part of the program. Charts and displays on the walls allow everyone to keep track of what discussions and films have occurred and which parents attended.

Physical fitness, personal grooming, and weight watchers activities are a part of the program in several Centers by choice of the parents. The parents have considerable say in terms of what they want to cover. Beyond early childhood, health and nutrition, each Center parent program varies. For instance, arts and crafts at one Center may play a relatively minor role, at another it may have major emphasis.

Social Services

At this PCC this aspect of the program is called Family Life. A Family Life Coordinator, who is a VISTA worker, spends two days

a week at each Center. Each week there is a meeting of the Family Life Coordinator, the Parent Aide, and the Child Development staff at which individual families are discussed. The needs of each family are articulated and "family goals" are set. Steps necessary to meet these goals are then set forth.

Most social service type problems are referred to other agencies. The Family Life Coordinators are expected to be knowledgeable about all resources in the area regarding housing, welfare, and mental health services.

Health Services

All focal children and mothers are expected to have a yearly physical examination. Children and AFDC mothers are eligible for health care from private doctors who are reimbursed by Federal funds. All other families receive care from Rural Health, which, like PCC, is a West CAP Program. PCC pays $2,000 per annum to Rural Health for these services. All medical bills and medicines are covered.

Immunizations at several Centers are done by the county nurse who comes to the PCC at scheduled times. In other areas, children are taken to the county Health Clinic or to the local school.

Dental care is provided by private dentists for AFDC mothers and children. Others get dental care through the "Dental Bus" program. On the grounds of the La Follette PCC there is a trailer

equipped with dental facilities. PCC families are brought here for dental check-ups and work which is done by two VISTA dentists.

The most recent VISTA dentist was assigned to the area in June, 1972, one week after the state licensing exam was given. Despite repeated attempts to take the exam, the authorities have remained steadfast in their policy to have him wait until the next exam in June, 1973. Thus, for six months he has been unable to do any dental work!

The VISTA RN assigned to PCC serves all four Centers and is responsible for maintaining records, for acting as a liaison and referral source to various health facilities and private physicians. The nurse also meets with parents to discuss health issues and to answer any questions which they may have.

PARENT ADVISORY COUNCIL

At each Center all parents are members of the local PAC. They play an active role in the planning of program and the preparation of each new program proposal. Each local PAC controls the budget for that Center. They also play an advisory role in the selection of staff.

The chairman, of each local PAC, an assistant chairman, and one community person make up the membership of the central PAC. The central PAC meets quarterly and hires central staff including the director. They also approve the overall budget.

Reportedly there is a strong PAC function for all parents who participate regularly. Parents are said to be involved and to be expected to have major input into the design and direction of this PCC.

THE STAFF

Director

The Director has been with the Menomonie PCC for one year. He was preceded by three others, one of whom left to "return to school," the others left for personal reasons. The Director has a B.A. in psychology and has completed all course work toward a masters degree in counselling and community services. He serves as administrator of the overall program.

Center Supervisors

There are four relatively autonomous program directors, each of whom have been with the program since its inception. None of these individuals have college degrees; however, they have completed a four months training course in early childhood development, provided through the State University system.

Child Development Specialists

Each two Centers share a Child Development Specialist. Thus, there are two Child Development Specialists in the program. One of these individuals has been with the program for three years

and the other for one and one half years. One holds a B.S. in early childhood education and the other a two year teaching degree and one additional year of college plus eight years of teaching experience.

Family Life Coordinators

Each two Centers share a Family Life Coordinator who is responsible for the supervision of the parent aides and the overall social service component. These are VISTA volunteers; both are new to the program, as this is a newly-created position.

Nurses

A VISTA RN works in the program and visits the four sites on a rotating basis.

Secretary

The only secretary for the overall PCC program is maintained in the West CAP office.

Parent Aides

Each Center has a parent aide to implement the Parent Education program. One has been with the program since its inception. Another has been with the program for under a year, while the remaining two have been with the program for only one month. All of these individuals have completed high school.

Teacher Aides

A total of fifteen individuals work as teacher aides; among

these, nine are non-parents and six are parents. In all Centers, staff members cannot bring their children during non-Center hours and some Centers limit staff children participation to one day per week.

Cooks

Each Center has a cook.

Maintenance

One maintenance man is shared by the four sites.

Turnover at this PCC, with the exception of the Director, has not been great. The central office staff consists of the Director, the two Child Development Specialists, the two Family Life Coordinators, the RN, the Secretary, and the Maintenance man. At the local level each site has a Director, Teacher Aides, a Parent Aide, and a Cook.

CASE STUDY

MT. CARMEL PARENT-CHILD CENTER

MT. CARMEL, ILLINOIS

NOVEMBER, 1972

Principal Authors: Monica Holmes, Ph.D.

Douglas Holmes, Ph.D.

VITAL STATISTICS - November, 1972

PROGRAM

Program location:	Rural
Director:	Vacant
Sites:	Mt. Carmel Center, Wabash County Wayne Center, Wayne County Outreach, Hamilton County Outreach, White County Outreach, Edwards County
Hours per child*:	Center - 5 hours, 4 days a week Outreach - 45 minutes, 2 days a week
Program age groupings:	Center: 6 months - 1 1/2 yrs., 1 1/2 yrs. - 3 yrs. Outreach: 0 - 6 months, 3 - 5 yrs.

FAMILIES

Total number of families:	73
Total number of children:	103
Ethnicity: Other Caucasian	73
Number of intact families:	52
Number of families on welfare:	28

STAFF**

Number of staff:	15
Number of professionals:	0
Number of parents on staff:	12

*Children are either in a Center or in Outreach, but not both. Hence, these hours refer to different children.

**Includes only full-time staff.

THE COMMUNITY

Mount Carmel is located in Illinois, close to the Kentucky and Indiana state lines. Topographically, it is a gently rolling area, highly developed agriculturally, yet with considerable woodland breaking the endless mass of corn fields. Culturally, the area has been characterized as part of the American "bible belt."

The predominant industry is agriculture; however, the real wealth most often stems from oil. The first-time visitor to the region is caught unawares by the sight of a stately mansion, with a rocker-oil pump situated in the middle of the sloping front lawn. There is now a newly-burgeoning source of wealth in the area: coal mines are being developed. It is almost impossible to obtain motel rooms in the town of Mt. Carmel, as these are occupied by mining engineers and surveyors laying out the fields for future industry. One mining project involves not only the creation of a mine, per se, but also the construction of a 22-mile long conveyor belt into the state of Indiana, to a gargantuan power facility scheduled for that location.

This new "boom" will be welcome to the five-county area. Among a total five-county population of over 70,000, almost 7% of individuals in the civilian labor force are unemployed. Related to this relatively high unemployment rate is the fact that over 35% of all families report incomes of less than $3,000 per annum. Among 24,000 persons under 21 years of age, over 3% are receiving

A.F.D.C. Over 8% of the almost 10,000 persons aged 65 and over are receiving old age assistance. One fifth of all persons over 25 have received less than an 8th grade education. The infant mortality rate is 2.2%. Seventeen percent of all those examined by Selective Service were rejected as unfit for military service. In terms of housing, almost one half of all housing units in the five-county area were termed substandard during a 1965 demographic analysis of poverty in the state of Illinois.

Reflective of a diminution in the oil industry, and of the predominantly agricultural economy, the population has been steadily declining. In 1900, the population of the 2,000-square mile five-county area was approximately 90,000; in 1950 it was 78,000 and has now declined to 70,000.

In general, then, the area is economically depressed. The fact that over one-third of all families earn less than $3,000, or that more than one-fifth of all families report incomes of under $2,000, gives some indication as to the chronic paucity of individual resources in the area. In traveling through the various towns, pervasive economic blight is not overwhelming. However, contrasts are striking: in the middle of town, flanking the paved streets, are the well-built large homes of the affluent; on the edge are the deteriorating mobile homes, the bungalows, and the tar paper shacks.

FACILITIES

The program serves five counties. Wabash county is the site of

the main facility as well as the administrative staff. Wayne County has a small facility for eleven children. This in-Center program is being phased out in favor of an outreach program. In Hamilton, White, and Edwards Counties, the programs are all outreach and therefore there is only a single office in each county.

In Wabash County, the Center-based PCC program, together with the five-county administrative offices, is housed in a former Mt. Carmel school building, now privately-owned. It is a red-brick building, with a full basement and two floors, surrounded by a relatively large yard and playground. The latter provides space for an elaborate slide pond, two jungle gyms, swings, and rocking animals, as well as a lot of running space.

The basement of the building houses a lounge for parents, particularly fathers, who make frequent use of the pool table it contains. Adjacent to this is the PCC woodworking shop, a plant of which all are justly proud. It is here that the PCC parents turn out toys for sale, furniture for use in the program, etc.

The first floor is divided into two large rooms, a reception hall, a kitchen, and a lavatory. In the rather large entry hall, is the Nutritionist's desk as well as space for program staff who are "passing through." This hall provides access to the infants room. Around the walls are shelves, containing rolling balls pull toys, letter blocks, beads, rattles, etc. There is a standing mirror, and a spring-driven swing, as well as several walkers.

There is also a changing table in one corner of the room, where all of the infants, as well as some of the toddlers, are changed. The walls in both the infant and toddler rooms are painted bright alternating colors which makes them cheery and inviting. A modern hung ceiling with good fluorescent lighting, and a bright linoleum floor complete the picture of warmth in both rooms.

Directly behind the infants' room, and opening into it through an open shelf arrangement, is the kitchen in which meals for all children and staff are prepared. A rather small place, it yet contains the necessary cooking and storage facilities, although of a somewhat limited nature. For example, the only stove is a domestic range, clearly not intended for the commercial use to which it is being put. However, the Nutritionist and her cooking staff appear to find no fault with the equipment as it exists.

Also behind the entrance room, immediately adjacent to the kitchen, is the downstairs lavatory facility which contains two toilets, a number of children's potties, and two sinks. Neither the toilets nor the sinks are scaled to child use; instead, stepping blocks are placed before the sinks.

Immediately adjoining the infants' room and occupying slightly more space (the space occupied by the lavatory and kitchen on the infants' side) is the toddler area, i.e., the room used by children 18 months through three years. The walls in this room are painted blue, yellow, green, and white, respectively. The room contains a piano, one wall of blackboards, two double easels, a shop table,

an indoor jungle gym, and a variety of separate areas: housekeeping corner, arts and crafts, book corner. The equipment is varied and everything seems to be in good condition and in large quantity. There is, for instance, a very large selection of puzzles, books and educational toys. In addition, the room contains two semi-circular tables, and numerous chairs, all of which were built by the PCC's fathers. As noted previously, one is struck by the cheerful, warm, child-appropriate quality of this room. The toddlers' room is separated from the infants' room by a "half door," i.e., the lower half of a wide Dutch door.

Returning to the hall, there is a steep double staircase to the second floor, which is divided into a parents meeting room, a modern domestic-sized kitchen which is used for parents' events, a lavatory including bath and shower, a small utility room in which a washer and dryer are to be placed for use by staff and parents, and three offices used, respectively, by the Director, the Assistant Director, the Social Service and Nursing staff, and the secretarial staff.

The offices, particularly the Director's office, are all large and in process of redecoration. The offices currently are being painted, using Neighborhood Youth Corps personnel. Furniture and equipment throughout are adequate and appropriate.

Overall, the facilities are good. They provide the basic space necessary for program and very good space for children. However, there are complaints regarding the landlord who, although receiving a very substantial rent, appears reluctant to provide the contracted-for services. As a function both of this friction and of the desire for more attractive surroundings, negotiations are currently underway with a potential rentor who would build a new facility, and charge "100th of the building costs" per year, as a form of tax write-off.

PROGRAM OBJECTIVES

- Make parents aware of community resources
- Promote cognitive and social development of children
- Give families a better concept of hygiene and nutrition
- Referral to jobs and housing
- Make community aware of the poor

PROGRAM COMPONENTS

Childhood Education

The Center program has to be distinguished from the outreach program. The Mt. Carmel Center in Wabash County is open to children four days a week from 9:15 a.m. - 2:30 p.m.

Outreach

In three counties the program is an outreach program exclusively. As described previously, the fourth county is also slated for an outreach only program. All outreach children are seen in their homes two times a week, for 45 minutes at a time. The Mt. Carmel Center also has an outreach program for babies 0-6 months and for PCC children 3-5 years. Since Mt. Carmel has only a Summer Head Start program,

PCC maintains contact with its 3-year-old Center graduates in the outreach program until they can enter kindergarten.

In outreach the aim is to work with the mother in order to teach her to be the teacher of her child. Notes are kept on each child on a visit by visit basis so that the worker going into the home knows exactly what she wants to stress with the baby. Mothers are shown what work to do with the baby and how it can be done. The mother is requested to spend some time each day performing the specific tasks with her child.

In-Center

The program follows a structured curriculum of sequential learning developed by Darladeen Badger, the Project Advisor. The curriculum delineates developmental milestones which should be achieved at each level of development and tasks which are to be used to promote this growth.

Two groups are conducted in the Center. The infant group is made up of children 6-18 months old. The age range in the toddler group is 18 months old - three years.

At the time of our visit, the full day program had been in operation for approximately two weeks. Prior to this time children came for only two hours a day. Hence, the program as seen is very new and no one is fully comfortable with it yet.

INFANTS

The infant group has eleven babies. A schedule has been made up by the staff in an effort to provide some structure to the day. This schedule is as follows:

9:30 - juice, vitamins
9:40 - free play
10:00 - large motor activities
10:30 - structured class
10:55 - art
11:10 - outside
11:25 - wash for lunch
11:30 - lunch
12:00 - rest
2:00 - snack
2:15 - story time or music
2:30 - go home

The focus of this program is on infant stimulation. The staff, all of whom are mothers, talk to the babies and go to considerable effort to stimulate them. They clearly have an awareness of what's appropriate at each age level and work with the babies individually at each child's level of development. They know what their objectives are for each child, how to achieve them, and why these objectives are important.

The program was originally developed for a two hour program day. The transition to the full-day program has not yet been accomplished. At present, the program is more clearly designed to meet infant stimulation needs than emotional security and affection needs.

On the day observations were done, at least five of the babies

fell asleep in the middle of the morning. This meant that they were wide awake from 12:00-2:00 p.m. during scheduled rest time. Because the schedule read "rest", no one on the staff played with the babies. Several non-sleeping babies cried while staff repeatedly but unsuccessfully encouraged them to go to sleep. This enforced "rest" appeared to be the most difficult part of the day.

The orientation of the staff toward cognitive stimulation as opposed to infant care as well as the continuous coming and going of key infant staff, who have to leave in the middle of the nursery day to do outreach, presents problems for those babies who are clinging, who need cuddling, and who rely on the presence of a stable figure. Separation anxiety seems to be particularly intense among a number of the children observed.

TODDLERS

There are seventeen toddlers in the attractive and well-equipped toddler room. The transition to the full-day program seems to have been made more smoothly here. The schedule is nearly identical to the infant schedule and it seems clear that the older children are far more able to cope with the nap after lunch schedule.

The toddlers were seen happily participating in a number of group activities. All children participated in a music group experience, playing on sticks, drums, and bells. All children sat down to draw and were observed busily marking up their papers. A few children chose to use the easels rather than to draw.

At story time the children were divided into groups of no more than four. There was considerable pointing to pictures in the books by staff, labeling, and eliciting of verbal responses from the children.

By and large children seemed comfortable, understood what was expected of them, and received considerable stimulation and attention. The bias toward stimulation as opposed to emotional support creates less of a problem for the toddler.

Parent Education

Parent education is an integral part of the program. Each mother is expected to spend one full day a week in the Center working within the classroom. One of the staff reviews with her on an individual basis exactly where her child is developmentally and what she can do in the coming week to promote further development. In addition, all mothers must spend a week in the classroom several times a year serving as an aide, "mother of the week."

In the four outreach counties there is a parent meeting one afternood a week that lasts anywhere from one to three hours. Participation and attendance are generally high because as the Acting Director said: "practical things are discussed." Activities include

child development discussions, toy making sessions, sharing of recipes, sewing, and hairstyling. Sessions are conducted by teaching staff, the Nurse, or the Nutritionist, on a rotating and by-request basis.

In-center meetings are not held on a scheduled basis, but mothers can and do request meetings around particular issues and activities, e.g., consumer education, sewing, menu planning, etc. In addition, the Nurse and Nutritionist are available to any mother or mothers who want to chat or engage in conversation.

Social Services

There is no social worker on the staff presently although plans are being made to hire one. All staff do make referrals to Division of Vocational Rehabilitation, to Welfare, to the County Health Department, and to the Mental Health Clinic. Parents are also encouraged to use the cultural resources of the community, e.g., the library, children's plays performed locally. Emphasis is placed on knowledge and use of community resources. At present, referral is the prime social service function of this Center.

Health Services

There is currently no RN providing services to the program on a full-time basis. However, the intent is to hire an LPN in the near

future, and to provide supervision for this person through the recently terminated RN, who is working for the local CAP.

Direct health services have not generally been provided by the PCC. However, all children must receive thorough physical examinations prior to their entrance into the program. Following this, referrals are made to local doctors, as necessary. The parents pay as much as they can for these services; the PCC makes up the difference, with funds set aside for this purpose.

Precisely the same has been true of dental care. Examinations are given, and dental services provided as necessary, with the PCC providing the difference between cost and ability to pay.

Hitherto, the program RN has followed up actively on each case, insuring that indicated services are received, and that immunizations are given.

One of the health services provided to date was family planning. The RN became famous for her "love box." This box contains contraceptive devices, and was presented and discussed with program participants. It has been reported that the fervor and enthusiasm of the RN was such as to make the whole family planning educative process a delight for all.

Considerable reliance is placed on the Nutritionist who appears to be a key and well-utilized resource.

PCC menus and corresponding recipes are prepared and mimeographed for use by the parents in their homes. It was reported that a number

of parents plan their meals based upon the PCC's menu diet on a regular basis.

The Nutritionist also provides nutrition education, in the formal sense, and through this component focuses upon such matters as proper budgeting, economical purchase of food stuff, food storage and preparation. Practical experience is a part of the educative approach. For example, using a single recipe, an identical meal was prepared using high-priced food stuffs, and low-priced food stuffs. A comparison was made of the finished product; to everyone's amazement, there was no discernable difference in the quality of the meal. The Nutritionist's relationship to both the topic and the participants is such as to warrant mothers calling her at real times to ask her what can be done with the particular food stuff on hand at the moment. The whole tenure of the nutrition and nutrition education aspect of the program is positive. This despite the fact that, due to the lack of a full-time cook, in-center food preparation activities are apt to be somewhat chaotic, requiring the services of all available, usually infant and toddler, personnel.

As part of the nutrition program, children receive daily vitamins, as well as breakfast, a full lunch, and an afternoon snack. In short, this is a nutrition program focusing upon the provision of adequate nutrition for the children, nutrition education and market budgeting for the parents.

POLICY ADVISORY COUNCIL

The PAC is made up of 14 parents and 10 community representatives. The full quota of community representatives is not currently active, but the parents are reported to be very active. PAC members are reported to be actively involved in decisions about staffing and program.

STAFF

Until recently there has been marked staff stability at Mt. Carmel. Within the past month the Center has lost a Director, an Assistant Director, an RN, and the Early Childhood Coordinator. The Director and the Assistant Director had both been with the program since its inception four years ago. The Child Education Coordinator is the second to occupy this position, has been with the program for eighteen months, and is now leaving to get married. There is no plan to replace her, the feeling being that the curriculum has been so well developed and structured, and the staff so experienced in its implementation that it is unnecessary to have such a person on staff any longer. The Nurse has been with the program for two years; she now is leaving the program to assume a position with the local CAP. However, she will remain as Program Consultant, and will be responsible for providing professional supervision to the LPN who takes her place.

Parent Educators

Nine Educators are currently working in the program. Four are outreach workers in the outreach counties and the rest work in the

Educators has been with the program for only a month; four have been with the program for at least a year, while four others have been with the program since its inception. Six of the Educators are or have been PCC focal parents.

Nutrition Educator

This is a parent, who has been with the program since its inception. Originally, this person was a Parent Educator, who learned about nutrition, and assumed the position of Nutrition Educator, and supervisor of program meals preparation.

Vocational Recreational Supervisor

This individual was with the program for two years. Currently he goes to school, and works approximately one day per week with the fathers. It is this individual who is responsible for the wood-working shop discussed earlier. He is a PCC father.

Data Coordinator

This is also a parent, who has been with the program since its inception.

Bookkeeper

He has been with the program since the start, working now on a full-time basis.

Maintenance

This woman has been with the program for over a year. She is the third in the job, but was not at the Center due to illness.

The majority of positions are occupied by PCC parents. These parents have received a great deal of training from the Project Advisor and the previous Director. In addition, they all attend college and are expecting to get their AA degree. They feel ready to operate the program on their own and they are going to give it a try. After an almost unparalleled history of job stability, the PCC is beset by resignations of the professional staff. The changes in staffing at the professional level have provided the parents with the opportunity to operate the program.

CASE STUDY

PASCO PARENT-CHILD CENTER

GRANGER & GRANDVIEW, WASHINGTON

October, 1972

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VITAL STATISTICS - October, 1972

PROGRAM

Program location:	Rural
Director:	Guillermo Castaneda
Sites:	. Grandview . Granger
Hours per child:	Winter: 7 hours; 5 days per week Summer: 12 hours; 5 days per week
Program age groupings:	6 weeks - 1 year 1 year - 2 years 2 years - 2 1/2 years 2 1/2 years - 4 years

FAMILIES

Total number of families:	74
Total number of children:	119
Ethnicity:	Mexican-American - 69 Other Caucasian - 4 Black - 1
Number of intact families:	62
Number of families on welfare:	21

STAFF

Number of staff:	30
Number of professionals:	3
Number of parents on staff:	20

THE COMMUNITY

Granger and Grandview, the two PCC sites, are located in the Yakima Valley in the eastern part of the state of Washington; the sites are 18 miles apart. According to the 1970 census, Granger has a population of approximately 1,500 while Grandview has approximately 3,600 individuals. The total population of Yakima County is approximately 150,000; approximately 45,000 of these individuals reside in the County seat of Yakima.

Most often, the visitor to this PCC will be coming from Seattle, 150 miles away, the nearest major transportation center. This approach is helpful in gaining some understanding of the particular and unique structure of the community, and of the PCC which serves it.

From Seattle, the road passes through the Cascades Mountains, past Mount Rainier, and ultimately into the rolling plains characteristic of eastern Washington. While passing through the mountain passes, the impression is of lush, picturesque greenery, primeval forests, towering pines and firs, mountains, glaciers and lakes. Occasional deciduous growth only serves to accent the wild grandeur of the unrelieved pine forest.

Suddenly, the Yakima Valley appears in marked contrast. The road now passes through gently rolling farm land, methodically and systematically covered with orchards, vineyards, and well-cultivated

growing fields. It is important to be aware of this contrast, as this topographic shift is mirrored in the ethnic, racial and cultural characteristics of the Valley. This is no longer the Pacific Northwest: suddenly, the surrounding is Southern, reminiscent of the American Southwest. It appears that the largest number of workers are Chicano, and the landscape is dotted with very small houses, house trailers, and campers.

It appears that this is a population "on the move"; actually, this is only partially so. Many of the workers are seasonal farm workers who do not migrate from place to place. Similarly, there are many small business people, and many small farmers, who contribute to the region's economy. However, the overwhelming impression is that of movement, rather than of stable community development.

It is important to understand the distinction between seasonal farm workers, and migrant workers. Migrant workers are individuals who derive over 50% of their total family income from farm work and who work for three or four employers in as many localities during the course of the year. Seasonal workers, on the other hand, are those who derive substantial income from farm employment in the community in which they live.

Both the migrant and the seasonal farm workers have formed a Chicano community in the Yakima Valley. The seasonal farm workers came to the area from the southern United States and made this

their permanent home. The migrant workers move north in the spring and make the area their home from approximately April to October.

Culturally and politically, neither community reflects the numerically significant Chicanos. For example, in travelling along route 12 which goes to Yakima, Grandview, and Granger, there is not a single Mexican-American restaurant, nor are there any other signs of Mexican-American culture. The absence of signs in Spanish belies the fact that Spanish is the primary language for many of the County's inhabitants and that most of the children served by the PCC are bilingual.

The local informal political structure is dominated by extremely conservative elements. The John Birch Society is powerful, and the League of "Concerned Tax Payers" has recently been formed in order to combat any public "giveaways". There is a marked distrust and dislike of Federal poverty programs expressed on the parts of those in controlling positions, e.g., School Board, political figures, church groups, etc.

Examples of this orientation are cited by the Director. He states there are "people who can't get a job in the valley because they might be leaders," and that there is a pervasive fear on the part of the farm owners of Caesar Chavez and of any form of unionization. As one worker put it: "Once we have been unionized, it will be hard to find workers who will work 14 hours a day for 75¢ an hour."

This inhospitable power structure causes definite problems for the PCC since both sites are housed in local churches. In Grandview, the premises have to be vacated by November 20; in Granger, the pastor's wife has been instrumental in turning down a PCC request for extra space. No other group and no other church has come to the aid of the PCC in terms of making space available, reportedly due to the dominant individuals in the community who are pressuring the churches not to help the PCC. Further, although one of the largest fruit growers has a vacant building which formerly served as a day care center, the Director of the PCC cannot obtain permission from the grower to rent this space, even though it would serve children of his own migrant workers. The response to the request has been a blunt: "You can't use the space." In short, the group served by the PCC has little or no representation in the community power structure.

The area is dominated by huge corporate farms, for example, Green Giant. Among these is included the largest hops farm in the world, as well as major commercial producers of the four basic crops. These crops are asparagus, harvested from April to June; hops, harvested from August through mid-September; and grapes and apples, which are harvested in September and October. These farms tend to be communities unto themselves. They control the markets from which workers buy goods, and through their political might, control much of what goes on in the County.

In the orchards, large boxes or "bins" are placed at regular

intervals. The bins are approximately three feet high, four feet long, and three feet deep. Four people working together can fill approximately five bins during a working day. Pay is on a piece-work basis, and it ranges from $5.50 to $6.00 per diem. Thus, the maximum which a group of four individuals tends to receive for a day's work is $30.00, or $7.50 per person. It must be noted that some "good pickers" report being able to earn up to approximately $2.50 per hour on the basis of their piece-rate work. Employment is available for only half the year; thus, a currently fair rate is below subsistence in the annual context.

The crops are said to vary widely in terms of the level of effort required. Picking asparagus is rated the hardest; the entire day is spent in a bent over position as each asparagus has to be cut at the base.

The hops grow on vines which climb strings suspended from posts and cross-wires. Each vine climbs to the top of its own particular string, which is perhaps six feet high. Each is then cut at the bottom, during harvesting, and collected in that form. Although, again, much stooping is required, the work is reputedly not as hard as asparagus cutting. Also, some shade is provided during the summer months by the strung-up hops vines.

Apples are picked in the trees and the apples are put into bags which are carried around the waist. These bags are emptied

into the bins which later are transported to central collection stations.

Grapes are harvested by hand on some farms, but mechanical grape harvesting is growing more common. Many workers are thus being displaced, with unknown economic impact thus far.

In general, individuals work in extended family groups. However, an unknown number of women do not work for culturally prescribed reasons. In Chicano culture, women are expected to remain in the home while the man provides. When there is no school, children of all ages work in the fields, depending largely upon the orientation of local foremen. If an eight or ten-year-old child can pick, he picks, particularly if the foreman will "look the other way." If school is closed or no day care facility is available for younger children, the children sit in cars all day long.

THE FACILITIES

In Grandview, the PCC is housed in facilities owned by and connected to a Baptist church. These are the same facilities as are used by the church for Sunday School activities and other church-related events.

The facilities themselves are relatively commodious. There are three rooms housing infants, two rooms for the two-year-olds, and one room for the three-year-olds. In addition, there is a large space sectioned off at will, with sliding

accordian partitions which provides two rooms each for the two-year-olds and the three-year-olds, which serves as a play area. The kitchen and lavatory facilities are sufficient for the needs of the groups involved. There is a battery of low sinks and mirrors available for washing and tooth-brushing.

In addition to these rooms there is a separate "cottage" used by the toddlers. There are three rooms plus a play area, plus kitchen and lavatory facilities in the cottage, which again has ample space for the numbers involved.

All of the facilities may be described as adequate and well used. The surroundings are neat and clean, and the wide variety of large-scale equipment, e.g., cribs, cots, etc., are well kept. However, reflective of the primary designation of the premises as a church-owned and used facility, none of the walls are painted the bright colors which are so often associated with children's activities. Similarly, there were virtually no children's productions, e.g., paintings, collages, etc., to be found on any of the walls.

There is no space set aside especially for the parents. Nearly all available space is used for children. There is also little office or administrative space.

In Granger, the facilities are not as spacious. Also, located on the grounds of a Baptist church, the site of the PCC was a former one-story Army barracks. The interior has been divided

into a play area, lavatory facilities, a kitchen, and separate areas for infants, toddlers, and older children.

The parents have gotten together and partitioned the interior of the building, and painted it in appropriate bright colors. Again, the lack of any child-related wall decorations was noticeable. In addition to the program building, a large "mobile home" served as a cluttered administrative building housing the site Director and staf

PROGRAM OBJECTIVES

- Making parents self-sufficient and independent.
- Good learning and teaching atmosphere for children, preparation for Head Start.

PROGRAM COMPONENTS

Up until the present time there have actually been two programs. The winter program which runs from mid-October to the beginning of April, and the summer program which runs from April until October.

Childhood Education

In the winter program observed by CCR staff during Phase I in November of 1971, children attend the Center from 9:00 a.m. to 1:00 p.m., five days a week. In the summer program the Center is open to focal children and their siblings from 5 a.m. - 5 p.m. During the recent visit, the Center had just made the shift to a 9 a.m. - 5 p.m. schedule.

As the two and three-year-olds arrive, they go to a carpeted area to watch some television while the staff gets ready. After a few minutes, th three-year-olds are taken to the three-year-old main room and the two-year-olds to the two-year-old area. The babies under one are already in their area crawling on the floor or waiting patiently in their highchairs or playpens, and the toddlers are in the cottage facility.

The first event of the day is breakfast, which the children seem to enjoy a great deal. Even the babies feed themselves and the staff shows a good understanding of and tolerance for the mess which naturally results. The three-year-olds were quite actively engaged in trying to identify the various fruits in their fruit cocktail, in both English and Spanish.

Following breakfast, the two and three-year-olds brush their teeth under the supervision of the staff.

All the children are then free to choose whatever activities they wish. The babies crawl around, pick up random objects, and make random contact with each other and with the staff. As soon as a baby whimpers he is picked up and held with considerable affection and comforted until his attention can be diverted elsewhere. If he is fretful or dissatisfied the staff finds a different toy and he is soon happily engaged once again. No specific attempts to structure the babies' experience or focus attention were observed. There was much pacification of babies by presentation of objects

but no working with them. There is considerable encouragement of gross motor activity and babies are freely let down on the floor to crawl, stand, and walk.

Many of the toys observed in the two and three-year-old rooms are really more appropriate to Head Start age. Some of the puzzles, reading readiness matching games, and word games are too hard. Children attempting an activity which was too difficult were seen trying over and over again for long periods of time. The involvement appeared to be not in the solution of the puzzle, but rather in pleasing the adult. No child became impatient or angry and eventually there was a drifting away from the activity which never did get completed. The children struck us as being quite compliant and passive.

In the program for three-year-olds there is an emphasis on learning and a major effort is made to teach colors, letters, and simple number concepts. Verbal expression is encouraged and communications are often bilingual. The children have ample opportunity to participate in arts and crafts activities, to play outdoors, and to listen to stories which are dramatically read by their teacher. Audience participation in these stories is elicited and is high.

Craft materials and books are in somewhat short supply and all of the materials have seen a great deal of wear and tear. Puzzle pieces are often missing, games are no longer whole, and

books are shabby. Many of the better materials were put away in a closet, apparently as a function of the very large number of children served just prior to our visit. Most of the more finely structured teaching seems to be done during the winter program when there are far fewer children.

Parent Education

For seven months of the year the program is responsive to the need of migrant and seasonal farm worker families for a place where children can be cared for from 5 a.m. to 5 p.m. The long hours of staff service, in addition to the weariness of mothers who have spent 12 hours in the fields, has made it impossible for the program to involve these parents in an educational program. Thus, the emphasis of this PCC in terms of parent education has been, for the most part, on the development of those parents who are on staff during the winter months.

During the winter, the afternoons are set aside for adult activities and education. Nearly half of the families participating are PCC staff, and staff mothers constitute the core group of parents who participate in activities at the Center. These are the parents who come each winter afternoon to participate in child development seminars, college education courses in English, Chicano studies and psychology, health education and nutrition, and home management. Previous observers have described the intensity of the educational effort with these parents. A concerted effort has been made to

provide parents with education, particularly in child development. The objective of this PCC has always been to provide as many parents as possible with gainful employment and to prepare them for child care careers.

Informal education of mothers, which can come through very brief but daily contacts, does not seem to be emphasized. Little contact was observed between staff and mothers. No one seemed to stop for a few minutes to ask how the baby did the previous evening, whether the child had a good night, etc. This lack of communication about the children was observed at pick-up time. Mothers were not heard to ask whether the child had a good day, what he did or what he ate, nor did the staff make any such reports. Thus, there seems to be little feedback from staff to mothers and from mothers to staff about the children.

Social Services

The Center Director at each site handles referrals, but social services do not represent a major thrust of this PCC.

Health Services

For at least half of each year the children receive two nutritious meals a day, as well as two snacks, and vitamins.

Every effort is made to ensure that the health needs of the children are met. The LPN was seen checking a few children with skin conditions and making attempts to combat the ever-present

runny noses. Since the departure of the RN over a year ago, immunizations are no longer done right at the PCC. The LPN reports that the children are behind in their immunizations and has requested that a part-time RN from the community be hired. The children are given a yearly physical by a local medic and he is available to the PCC if any health problems arise.

The important health care and nutrition function served by PCC is perhaps best exemplified, if exaggerated, in the atypical case of a 2 1/2 year old child named Patricia. Patricia is the sixth born of the seven living children. At 2 1/2 she weighs sixteen pounds and suffers from malnutrition so severe that her legs cannot support her weight and she does not walk without support. She has been at PCC for the last month and efforts are being made to meet her rather desperate needs. Slowly she is gaining weight and the mothers on staff are sensitive to her need to be held and cuddled. A social worker from the Department of Social and Health Services is trying to work with the parents in order to avoid removal of the children from the home. A condition for keeping Patricia at home imposed by the court is that she must be brought to PCC.

THE PAC

The PAC is described as unsophisticated and untrained. Even the six members who comprise PAC membership do not attend meetings regularly. The passivity of the PAC and inability to really get it

off the ground is likely to be, at least in part, a function of cultural tradition. Cultural values do not favor the participation of women in formal, decision-making processes. Typically, men make the important decisions; women do not usually act in an executive capacity. However, child-related activities are clearly within the woman's domain. For this reason, participation in meetings which center around children are not part of the cultural experience of the men. This is "woman's turf." Thus, neither men nor women are natural candidates for Board participation. On one of the nights that CCR was on site, a PAC meeting was held in order to vote for parents who might be added to the PAC. Only three people came to the meeting.

STAFF

The most striking feature of this staff is the fact that the majority are themselves PCC parents. Staff turnover has been minimal. An exception to this is the Director's position: during the four years of PCC existence, there have been three different Directors, and an additional Acting Director for a period of approximately six months.

Director

The current Director received a Bachelor's Degree in electrical engineering from the University of Washington, has worked in a west coast power industry and in aerospace. He has a certificate in secondary education and has taught high school mathematics and science. He became the PCC Director last May, thus filling a position

which had been vacant for six months.

Child Development Specialist

The Child Development Specialist terminated her employment on the Friday prior to our visit for reasons of"general tiredness." She had been with the PCC since its founding in 1968. There are no specific plans to replace her.

Teachers

The "cottage" teacher supervises the teaching of the toddlers. She obtained her training in a religious college majoring in education. She, too, has been with the Center since its inception.

The master teacher in Grandview has had Head Start experience and has been with the Center since its very earliest days.

In Grandview, a part-time music teacher is available for 12 hours a week. This has been the case since October of 1971.

Twelve teachers and four teacher aides are all parents, and all except one have been with the program for one year or more. The teacher aides are classified as part-time workers entitled to no fringe benefits while actually working a 40 hour week.

Site Supervisors

Both the Granger and the Grandview Supervisors have been with

the program since its inception. Both are community people, one is currently working toward a degree in social work. In addition to their responsibilities as Site Supervisors, they also represent the Social Service Component of the PCC.

Nurses

Two Licensed Practical Nurses worked for the PCC; one in Grandview, and one in Granger. Both had been with the PCC program since 1969.

Secretaries

There is a Secretary/Data Coder who has been with the program since 1969. In addition, there is a part-time Secretary, a PCC parent who has been with the program for a year.

Cooks

Each site has a Cook. One is a parent and the other is a former PCC parent. There is also a Cook/Housekeeper who is also a parent.

Custodians

Each site employs a Custodian.

As the above "fact and figures" indicate, this is a staff with a very low rate of turnover. Doubtless this reflects, in part, a community where employment on a year-round basis is exceedingly hard to obtain. Also, there are practically no other employment

opportunities for persons without professional training.

In general, the staff appeared motivated, affiliative, and genuinely concerned with and interested in providing service to the youngsters in their charge. While the level of professionalism is not great, this is compensated for in part by the warmth which characterizes staff/child relations. The impression is that this is a happy, involved Center. The interactions observed appear to be characterized by lack of friction among staff members. The staff seems able to work long hours in a generous spirit of giving.

NEW DIRECTIONS

The impending loss of the Grandview facility at the end of November, the desire to operate a program in which parent education for all PCC parents plays a major role, and the need to serve more children 0-3, has led Mr. Castaneda to the conclusion that a change in modus operandi of the PCC is in order.

The Director has decided to change the Grandview program to a non-Center outreach program. Essentially, the plan is to have five teachers and enroll 50 families. Each family will be visited for one hour, two consecutive days a week. Each worker will visit five families on Monday and Tuesday, another five families on Wednesday and Thursday, and Friday will be left as a day for staff development in program planning. The Director feels that following this plan, he will be able to guarantee a minimal number of focal children and will secure the participation of mothers for two hours

a week, instead of allowing them to use the PCC as a child drop-off Center. The target families reached will be quite different since the majority of migrants and seasonal farm workers cannot participate in a home visit program. Thus, the shift will be toward welfare families where the mother is likely to be home rather than out picking in the fields, and toward those farm families in which mothers do not work.

It is impossible to predict what this program will be like two months hence. Mr. Castaneda is enthusiatic about the proposed shift to a home-based program. In communication with the staff, it seems clear that they see the home visiting program as an interim activity to be done while another facility is being sought. Asked about the possibility of not returning to Center-based program, all of the staff questioned thought that they would miss working with groups of children. In addition, several expressed concern in terms of what would happen to the children who need the total care provided by the PCC. They stated that they would be very sorry if they could not serve migrant families. If five teachers are hired it is not at all clear what will happen to the employment status of the majority of the 20 parents currently employed by the Center.

CASE STUDY

YEATMAN DISTRICT PARENT-CHILD CENTER

ST. LOUIS, MISSOURI

November, 1972

Principal Author: Dorie Greenspan

VITAL STATISTICS - November, 1972

PROGRAM

Program location:	Urban
Director:	Barbara Willis
Sites:	. St. Louis PCC . 7 Day Care Homes
Hours per child:	Day Care Children: 8 hours in Day Care Home; 5 days per week. 2 hours in Center; once every 2 weeks. Non-Day Care Children: 2 hours in Center; once every 2 weeks. 1 hour of outreach per week.
Program age groupings:	6 months to 12 months 12 months to 2 years 2 years to 3 years

FAMILIES

Total number of families:	98
Total number of children:	125
Ethnicity:	Black - 97 Other Caucasian - 1
Number of intact families:	23
Number of families on Welfare:	53

STAFF *

Number of staff:	27
Number of professionals:	3
Number of parents on staff:	7

* Includes only full-time staff.

THE COMMUNITY

The Yeatman District of St. Louis, in which the Parent-Child Center (PCC) is located, is approximately 5 square miles in area and has a population of over 54,000 residents.

In Yeatman, 91% of the population is black and 57% have an annual income below the national poverty level. The statistics for PCC households are somewhat different.[1]

Of the 156 focal children enrolled in the Center as of July, 1972, only two children were white. Income data available for 94 of the 101 households in which PCC families reside, show 84% of all PCC households having incomes below the national poverty level. The median income for all PCC households was $3,594.

The physical community itself reflects the plight of its residents. The PCC is located on a wide, main boulevard convenient to its target population. It is surrounded by small, multi-family dwellings, a large number of which are either abandoned or in acute disrepair. Adequate, decent housing is a major community problem.

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[1] Statistics were taken from a report prepared by Donald W. Malon, MSW, Director of the Research and Evaluation Component of the PCC, St. Louis University, August, 1972.

A new, low-income housing project has recently been constructed in the area. The project consists of both high-rise and town house type apartments. The high-rise buildings are for elderly persons and families with a maximum of one young child. The town houses, with three bedrooms, are for larger families with several children. Rents are on a sliding fee scale and there is already a long waiting list. No new projects are being planned and this one complex does little to alleviate the housing problem.

Further down the avenue is a branch of the St. Louis University and another housing complex. This complex, however, is for middle-income families and is far out of reach of PCC participants.

Community resources are insufficient to meet community needs. The PCC uses its CAP agency, the Yeatman District Community Corporation, for most of its referrals. With the possible exception of its comprehensive health center (located next door to the PCC), Yeatman's resources are meager compared to its large target population and the community's overwhelming needs. Yeatman has an employment program and a housing program that are "miniatures" of the state and city agencies. The Missouri State Employment Agency maintains staff in this employment program. Serving a population of 54,000, Yeatman personnel can give no more priority to PCC participants than can the government agencies. This situation does little to alleviate problems or even to increase the hopes of a population that has been termed "disillusioned and passive."

THE FACILITIES

The Yeatman Parent-Child Center is now located in a two-story building that is, at present, cramped for space. The lower story is used for children's activities, reception and office space, and the upper floor is predominantly for office space.

The reception area, one's first introduction to the PCC, is small and formal. The walls are wood panelled and there is a chair and couch for waiting. A bulletin board, to the side, announces events of interest and a small, glass-enclosed bookcase has an Encyclopedia Britannica and books on child care and development that may be used by staff and parents. To either side of the reception foyer are the children's rooms.

The infants' room is rather small and crowded. There are three cribs in the room, two with mobiles attached to them, and one bare; a small rug, a play-pen overburdened with toys, two book cases also filled with toys, a small table, a rocking chair, and a full-length mirror which produces a most distorted image. On a recent visit, during one session only one infant was in attendance, and during another session the room was empty.

The toddlers and older children's room is a larger room, narrow and long with an adjoining lavatory. It is equipped with a variety of age appropriate toys, books, numerous book cases, a round table and chairs and space for sitting on the floor. The walls were

decorated with children's collages and, Halloween just having past, jack-o-lanterns and Indian corn were strewn about the room. There is a stationary video tape camera mounted in the room and used with great frequency.

Attached to the toddlers' room by a wall with a two-way mirror is an observation room. The room, often used for storage, is equipped with audio head sets. During a toddler in-center session, child development workers walk in and out of the observation room catching glimpses of the activities. If the video tape equipment is in use, workers and parents can see sessions on the monitor in the reception area.

There is a small nurse's office near the children's room. This is not a much used space as the program has not had a staff nurse for one year.

Behind reception are two small offices, one for the Director, and one for the Assistant Director. A narrow corridor between the two offices is used for file cabinets and a clerk typist. Every available inch of space in this area seems to be used for storage. To get from one office to another one must run an obstacle course of stairs, chairs and boxes.

The upper level is far less cramped, but rather impersonal and devoid of decoration. On one side of the corridor is the Child Development Workers' office. This is a long room with seven desks. There are no partitions between desks and very little privacy.

Across from Child Development is Social Service. This is a somewhat smaller office, but adequate for the four Social Service Workers and the Intake Worker. Again, there are no partitions and so private counseling is difficult.

Off the Social Service office is a small room meant to be a parent or conference room. The room's size however, prohibits conferences of more than a few persons. In the room there are three pieces of upholstered furniture, all with plastic slipcovers, and a long table.

A small kitchen is the only other room on the floor. The kitchen is used for preparation of snacks served during children's sessions, but is too small to be used by several parents at one time. This limits the opportunity for teaching food preparation skills to parents using a demonstration-participation format.

There are no outdoor, playground facilities.

The PCC is negotiating a lease on a larger building in the area. If successful, the director feels that the increased space would have positive effects on program activities. As will be discussed, the cramped space now being used hampers, according to the director, the parent participation component of the program.

PROGRAM OBJECTIVES

- Tc re-focus attention on working directly with parents as it relates to working with children.
- To start an ongoing program for pregnant women.

PROGRAM COMPONENTS

Child Education

The PCC's child education program works in three settings:

- The Parent-Child Center
- The Day Care Homes
- The Natural Homes

- In-Center Program

Every child is brought to the Center twice a month for child education sessions. Sessions last approximately two hours and groups are divided according to age. Sessions are held Tuesday, Wednesday, and Thursday during the morning hours. The Center is not used by children in the afternoons.

A lesson plan is developed for each session with stress placed on certain goals: numbers, names of objects, colors, co-ordination and the like. In actuality, the stress seems to be greatest in the area of language development. The feeling here is that language is really the basis upon which all other skills are founded.

During a recent visit, a session of children, predominantly three year olds, was being held. These were children from one of the Center's day care homes and the session was being conducted by a child development worker who knew the children, but had not worked with them regularly. In addition, a graduate student doing her field placement at the Center, was present in the classroom.

There were two mothers and seven children in attendance at this session: five three-year-olds, one two-year-old and an infant. The infant and the two-year-old were coming to the Center for the first time and were accompanied by their mother. This was an unusual situation in that the mother was deaf and spoke infrequently and with great effort. During the entire session she sat off to the side with her baby and interacted very little with the teachers or other children. Neither the mother nor the teachers made much effort to speak to one another. The other mother worked only with her own child and seldom spoke with the teachers.

The session stressed cognitive development. Every question asked by a child, everything touched by a child was used as an opportunity to teach a new word, to check pronunciation, or to reinforce something already learned.

There were several scheduled activities: pasting pre-cut leaves on paper, listening to a story, playing musical instruments, marching, eating a snack, playing a game. During each of these activities the interaction and conversation levels between children were minimal. Conversation between teacher and children was extremely polite and very formal. Every child was given verbal praise for doing a good job, but there was a marked absence of physical contact: touching, hugging, hair tousling or cuddling.

During a snack of punch, toast and jelly, the children drew their chairs around the table and were very quiet. They all clasped their hands and followed the teacher in a short prayer. Each child had to spread the jelly on their piece of toast and each child was reminded or remembered to say "please" and "thank you" to the child who passed the jelly to him. If the teacher did not ask, "What kind of sound does the toast make when you chew it?" this might have been an almost silent snack time.

Free play on the other hand, those activities in between scheduled plans, was quite a different matter. These times were "anything goes" periods. Children reached for their favorite objects, dashed all across the room, played with one another and spoke freely to everyone

- The Day Care Homes

The Parent-Child Center is now operating seven day care homes. There had originally been nine such homes, but two were closed because of the Center's dissatisfaction. The Center anticipates that two new homes will be found.

These day care homes were established to service parents and children already enrolled in the PCC program. Mothers using the homes either work or attend school. Day care homes operate Monday through Friday, usually between the hours of 8:30 a.m. to 5:30 p.m. and day care mothers were trained by the Red Cross. This training, however, was given at the time of start-up and is not ongoing.

Each home is supposed to have approximately four children, but with two less homes in operation, there are now six or seven children in a few homes.

Day care children are brought to the Center twice a month and are visited by a Child Development Worker once a week. The Worker's weekly visit takes place in the day care home and instruction is supposed to include participation by the day care mother.

On a recent visit to a day care home, the Child Development Worker brought a lesson plan and a box of toys including a musical jack-in-the box, snap beads, red circles, telephones, a stuffed doll, a hammering board, and chalk and paper and puzzles. The group she was working with was comprised of three two-year-olds,

one three-year-old, and a younger child who had just joined the home.

Upon her arrival at 2:00 p.m., the children were scattered about the spotlessly clean house. Some children were napping after their lunch and others seemed to be just awaiting the Worker. The day care mother was in the kitchen with two other women, watching television and preparing dinner.

The Worker warmly greeted all the children as the mother laid two small rugs on the living room floor. The children began working with the snap beads and saying "push" and "pull" each time it was appropriate. The Worker encouraged the mother to participate by helping the children; the mother did so for about five minutes and then returned to the kitchen.

The session lasted approximately one hour and was most lively and friendly. As with in-center sessions, cognitive development was stressed, but instruction was more individualized and warm. This may have been a function of the setting or the particular Worker.

The Worker tried at another time to encourage the mother's participation, but to no avail. At the end of the session, the Worker gave the mother the lesson plan, explaining to her what activities she should perform during the week and what should be stressed with each particular child. There is no mechanism for checking that activities are actually carried out, although the Worker's weekly progress reports may serve as indications of work done in a specific area.

The toys were left in the home for the children's continued use and for the mother's lessons with the children.

The Child Development Coordinator and the PCC Director realize that this day care instruction program has drawbacks in terms of the children's natural mothers. Workers leave lesson plans with the day care mothers with instructions to distribute these to the natural mothers. Again, there is no formal way to know just how much of the lesson plan the natural mother understands nor how many of the activities she actually does. Natural mothers are encouraged to accompany their children to in-center sessions and to attend monthly parent meetings, but neither are mandatory. In addition, the Director has said that they do not make a point of asking mothers to come to the Center because space is so cramped that "if every mother came with her child it would be chaotic."

- The Natural Homes

Outreach in the natural homes is the same as that in the day care homes. Mother and child are visited once a week by a Child Development Worker and then the child is brought to the Center twice a month.

- Special Events for Children

As there are no outdoor playground facilities, efforts are made to take children on field trips. These trips may be to places of interest or they may be to the park to see the falling leaves.

In addition, every holiday is an opportunity for special instruction, preparation and parties.

Parent Education

There is no formal, scheduled parent education component at this PCC. Parents do participate to some degree in the program, but until most recently, participation was voluntary.

At the time that a child is enrolled in the PCC, the mother is made aware of her responsibilities to the program. She must accompany the child to his pre-admission physical; she is responsible for seeing that the child is brought to the Center on the proper day; and she is encouraged to attend monthly Parent Group meetings. Meetings have since been made mandatory, but there is still no requirement for parents' participation in Center activities or Outreach instruction with the children.

As mentioned earlier, space is a constraint. The Director feels that it would be most uncomfortable for all parents to accompany their children to Center sessions. In addition, 30% of the mothers either work or attend school and find it hard to make the time commitment. Center staff has, however, decided to make every effort to involve parents in the activities of their children.

There had, at one time, been a position of Parent Involvement Coordinator. This job has since been combined with that of Social Services Coordinator. The responsibilities of the position were to participate in and encourage parent participation in the Parent Group.

Membership in the Parent Group is open to all parents whose children are enrolled in any component of the PCC, day care or outreach. The Group has guest speakers, discusses child development problems, draws up suggestions for the PAC or plans social events. The Social Service Supervisor feels that the Parent Group serves as an important tool for parent training in future community participation. She sees these meetings as a testing ground where parents can try out new ideas and be encouraged by their acceptance to take these ideas and the resultant self-confidence to Head Start and PTA meetings.

It is hoped that by making a certain number of Parent Group meetings mandatory, parents will, of their own accord, want to become more involved with other Center activities.

At present, there are no ongoing, scheduled courses or sessions. There are, however, occasional group discussions or workshops that are held on an as-needed basis.

The Yeatman Health Center notifies the PCC of any group discussions they may be conducting. The PCC then encourages its members to attend.

The Model Cities Program is planning a Home Maintenance Course that will be open to PCC parents.

The PCC itself is planning to conduct a toy and furniture workshop. This workshop would teach techniques of refinishing and refurbishing toys and furniture.

The PCC has held a series of typing courses and it now has a graduate student volunteering her time conducting a sewing class. At a recent sewing session three persons were participating: one mother and two staff members who are also PCC parents.

The Director has explained that resource people are always available for consultation and so needs can be taken care of through individual meetings rather than organized group activities.

Social Service

The Social Service Component is the first group of staff members to work with a family upon its enrollment in the PCC.

There is usually a waiting list for admission into this PCC. There is, in addition, a waiting period between the time a family enrolls in the program and the time it is admitted and the child begins receiving Center instruction.

After enrollment, the Intake Worker makes an initial home visit. Following her visit, the Social Work Aide makes another home visit and begins proceedings for the child to receive a physical examination. Any immediate social service needs are taken care of before the child is in the program.

Social Work Aides are assigned their own caseloads and make home visits to each client once a month or when needed.

Although referrals are made to numerous resources, those services of the CAP agency, the Yeatman District Community Corporation, are used most often. Even with the close relationship that has

been established between the PCC and its parent organization, it is difficult to connect services with clients. When compared with the available resources, the needs seem to be overwhelming.

The Social Service Coordinator used the example of obtaining job openings as a point to illustrate the workings of local agencies. She had asked several agencies to notify her of positions available for waitresses and janitors. These were the jobs that her clients requested. After a long wait and several reminders, the agencies sent job descriptions requiring some college education for the positions.

Neither the Social Work Aides nor the Social Service Coordinator have backgrounds in social work. They all, however, are enthusiastic and sensitive to the needs of their clients. The Coordinator is available to her clients at any time and it is not uncommon for her to work with families during the weekend or at night.

In addition to the work done by the Social Services Component, the PCC, in conjunction with a psychologist from Washington University, conducts a walk-in counseling session for parents every Saturday morning. A graduate student actually handles the counseling, but is supervised by the psychologist. All parents are made aware of the availability of this service, however, most participants are referred by the Social Service Coordinator. The PCC Director estimates that no more than two or three parents use this service each week.

Where appropriate, the counselor makes suggestions on a to the Social Service Worker assigned to the client.

Health Services

The PCC has not had a staff nurse for one year. They had had a registered nurse, however she was dismissed when the PAC decided the PCC needed a licensed practical nurse. An LPN was never hired and the PAC has since re-evaluated the situation and taken steps to hire another RN.

Complete medical services are available through the delegate agency Comprehensive Health Center (Yeatman). Yeatman's nurse works closely with the PCC in the provision of needed services. Should additional medical care be indicated, the local children's hospital, Cardinal Glennon, is available. In addition, the St. Louis Speech and Hearing Clinic handles PCC referrals.

All medical records are kept at the PCC as well as at the Health Center. Transportation to the Health Center is provided by the PCC van.

The Health Center also supplies complete dental and orthodontic services to PCC children and their families. There is no charge for either medical or dental services.

Nutrition

Until one month ago, the PCC had a part-time Nutritionist. The woman has since left to take full-time employment, but a new

Nutritionist is soon to be hired. The former Nutritionist, has left the Center with a trained Nutrition Aide, a cycle of menus and some innovative nutrition plans.

It had been the responsibility of the Nutritionist to work with the Health Center to draw children's blood in order to do a dietary analysis. With the exception of this activity, the nutrition program seems to be proceeding with only minor hitches.

She had worked closely with the Child Development Coordinator in coordinating food and learning. Every snack time is used as a teaching experience. Color, taste and texture are discussed. Snacks are planned so that children can be part of the preparation. If children are learning the concept of red, red food coloring is available so that children can put it in their milk; bread is buttered by children to increase their coordination; children help prepare certain dishes in which counting is necessary. Every food experience has been designed to be a learning experience.

Originally, snacks were designed to be a learning experience for parents as well. This aspect of the program has fallen somewhat short of its goals since the Nutritionist's resignation. At present, the Nutrition Aide and the Child Development Workers prepare and serve the snacks. "Parents have participated, but it is difficult without a trained staff person to demonstrate the relation of food preparation and service to the education curriculum." The Director is planning to work to rectify this situation.

In addition to in-center snacks, menus are prepared for day care homes. Day care mothers are encouraged to use foods and feeding situations as tools for learning.

The former Nutritionist had written a proposal for and received six blenders. These blenders were placed in homes where there were new babies in an effort to assist the mother in preparing nutritionally balanced baby foods. Weekly visits were made to each home. Although blenders are still being placed in homes, the program seems to be faltering. A recent discussion with a "blender mother" revealed that her baby was not eating the food she prepared and so she was buying bottled food. One imagines that if there were a staff Nutritionist an alternate diet might be planned.

THE POLICY ADVISORY COUNCIL

The Policy Advisory Council (PAC) of this PCC is closely involved with all aspects of the total program. "Any and all decisions made in reference to policy at the Center are left to the discretion of the Council."

The PAC has a committee to cover each component of the Parent-Child Center program. A staff member from that particular component is assigned as a resource person to the appropriate committee. Committees meet on a regular basis and the chairman of each committee reports back to the Policy Council.

As a result of its relationship to the Parent Group, the PAC is also involved in planning parent activities. Policy Council

members are elected from Parent Group membership and thus serve both organizations.

PAC personnel are trained in guidelines, planning and budgetary procedures, and policy formation. Training is provided by the training department of the delegate agency and is done during an annual weekend session.

STAFF

Director

The second Director of this PCC has been with the program one year. She has a B.A. in sociology. Prior to taking the position she was Senior-Social Service Counselor with a delegate agency for two years. In addition she has had experience with children as a pre-school teacher.

Assistant Director

This individual has a B.A. in art, and has worked with the program for three years. In addition to assisting the Director, as needed, he is closely involved with the staff as well as acting as a permanent resource person to the Parent Group. He grew up in the Yeatman District.

Social Service

A PCC staff member for four years, this person had been Parent Involvement Coordinator before moving into Social Service. She still retains responsibility for parent participation.

There are two Social Work Aides, one of whom is a PCC parent and working in this component temporarily.

Child Development

This individual had been Language Clinician Consultant to the PCC for three years before becoming Child Development Coordinator. She works at the Center three days per week and is responsible for developing curriculm and supervising the six Child Development Workers, two of whom are PCC parents.

Psychologist

The psychologist is a consultant to the PCC and, with a graduate student, runs the Walk-In Counseling Program.

Intake Date Coordinator

A PCC staff member for one year, she is responsible for all statistical work at the Center, enrollment of participants and initial home visits.

Day Care Mothers

There are presently seven day care mothers, one of whom is a PCC mother as well. A new position of Home Day Care Supervisor is being made available. The responsibility of the Supervisor is to evaluate day care homes and work with the natural mothers of day care children as well as with day care mothers through home visits and monthly meetings.

Parent Involvement Aide

This position is available to PCC mothers. It is seen as a training position from which the staff member can move into a clerical job and then possibly into a position in one of the components.

Nutrition Aide

There has been one parent in this position since the job was created. While a part-time Nutritionist is being sought, the aide is the only person in this component.

Clerical

There are three clerical staff members: one is a former PCC parent and one is presently a PCC mother.

Driver and Maintenance

There is one person in this position responsible for transporting, in the PCC van, PCC parents, children and staff to and from sessions and often to the clinic.

Turnover at this PCC has been minimal. Most workers have been in their positions for at least one year.